

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *John H. Andrews* Town *Cambridge* County *Dorchester* MARYLAND

Died at *Cambridge* Date of death *1909 Mar. 20* Age *81* Month *—* Days *—*

Sex *Male* Color or Race *White* Birth-place *Kentucky*

Occupation *Wheelwright* Where Residing if not at place of death *Cambridge Md*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Andrews*

Father's Name *Do not know* Father's Birthplace *Do not know*

Mother's Maiden Name *Do not know* Mother's Birthplace *" "*

Name of person giving Information *Jas. A. Wilson* How related to deceased *Son in Law*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Bright's & Mitral Valve trouble* How long *many years*

Immediate *Urinary* How long *short while*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John M. [illegible]* Address *Cambridge Md*

Accident or Suicide *no*



Name
in
Full

Margaret E Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

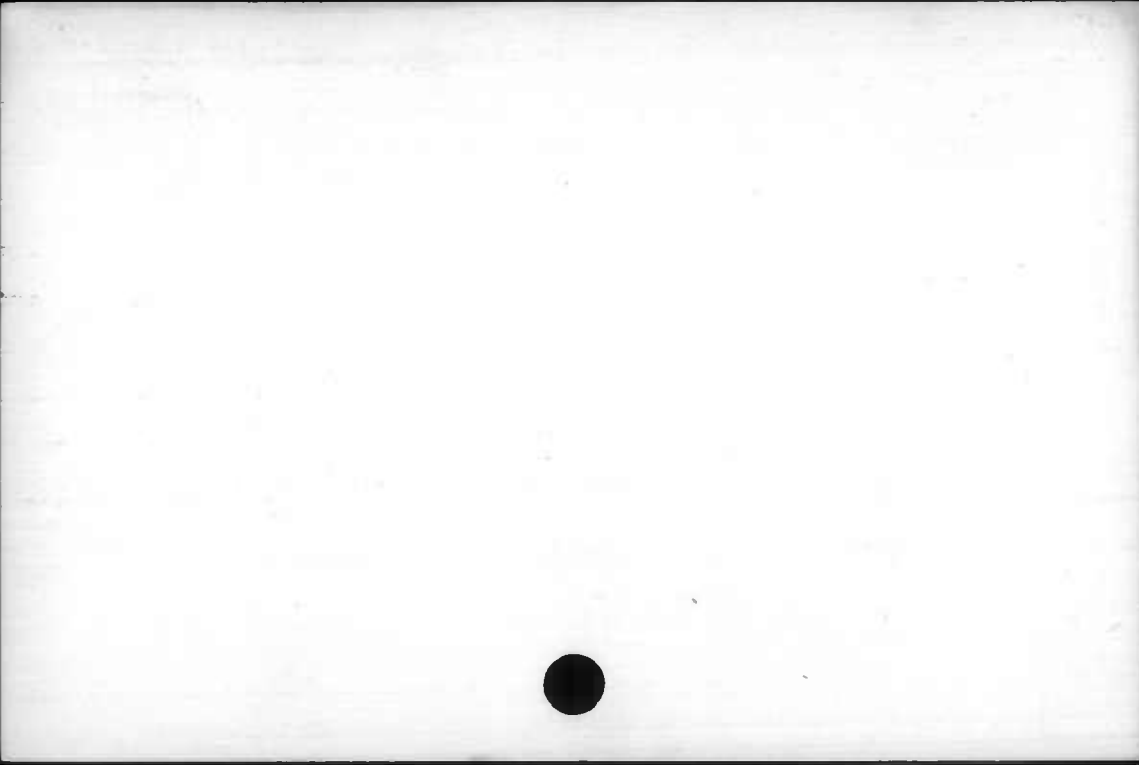
Died at <u>Armys</u> ^{Town}		<u>Borcheston</u> ^{County}		MARYLAND	
Date of death	1909	Month	March	Day	26
Age	30	Years		Months	
Sex	Female	Color or Race	Colored	Birth-place	Bucktown
Occupation	House Wife	Where Residing if not at place of death	Bucktown		
Married, Single or Widowed	Married	Name of Wife or Husband	Isie Brown		
Father's Name	William T Pinder			Father's Birthplace	New Jersey
Mother's Maiden Name	Larrah Clark			Mother's Birthplace	Bucktown
Name of person giving Information	James A Pinder			How related to deceased	Brother

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	Six months
Immediate	Exhaustion	How long	Same death
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		No physician	
Accident or Suicide		Address Elihu S. Sullivan Justice of the Peace	



Name
in
Full

Bessie Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

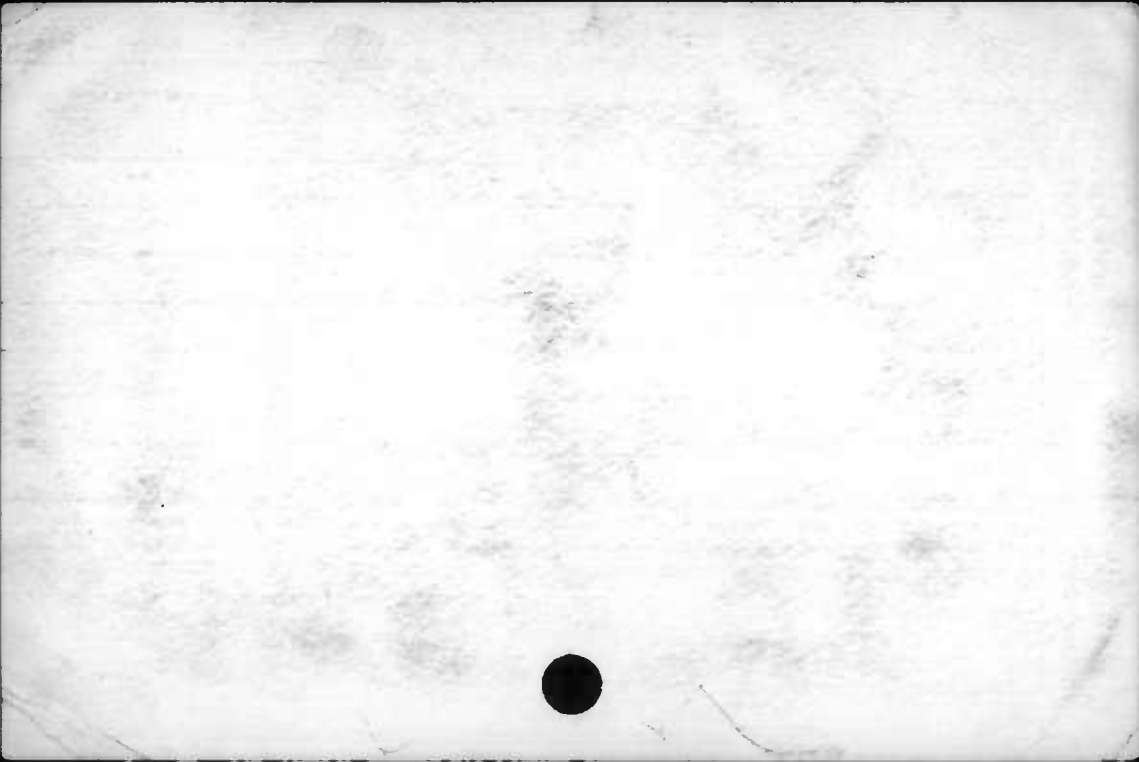
Died at <i>Secretary</i>		Town <i>Secretary</i>		County <i>Dorchester</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>8</i>		Day <i>27</i>		Age <i>18</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Secretary</i>		Days <i>15</i>	
Occupation <i>Infant</i>				Where Residing if not at place of death <i>Secretary</i>			
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Samuel Edward Collins</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Rhyna May Hayward</i>				Mother's Birthplace <i>"</i>			
Name of person giving Information <i>Samuel E Collins</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

76

PHYSICIAN
OR CORONER

Primary	<i>Otitis media chronic</i>	How long	<i>1 year</i>
Immediate	<i>Erysipelas meningitis</i>	How long	<i>26 days</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>H. H. Houghs M.D.</i>	
Address		<i>Cort. New Market.</i>	
Accident or Suicide			



CERTIFICATE OF DEATH

**TO BE ANSWERED BY
NEAREST FRIEND**

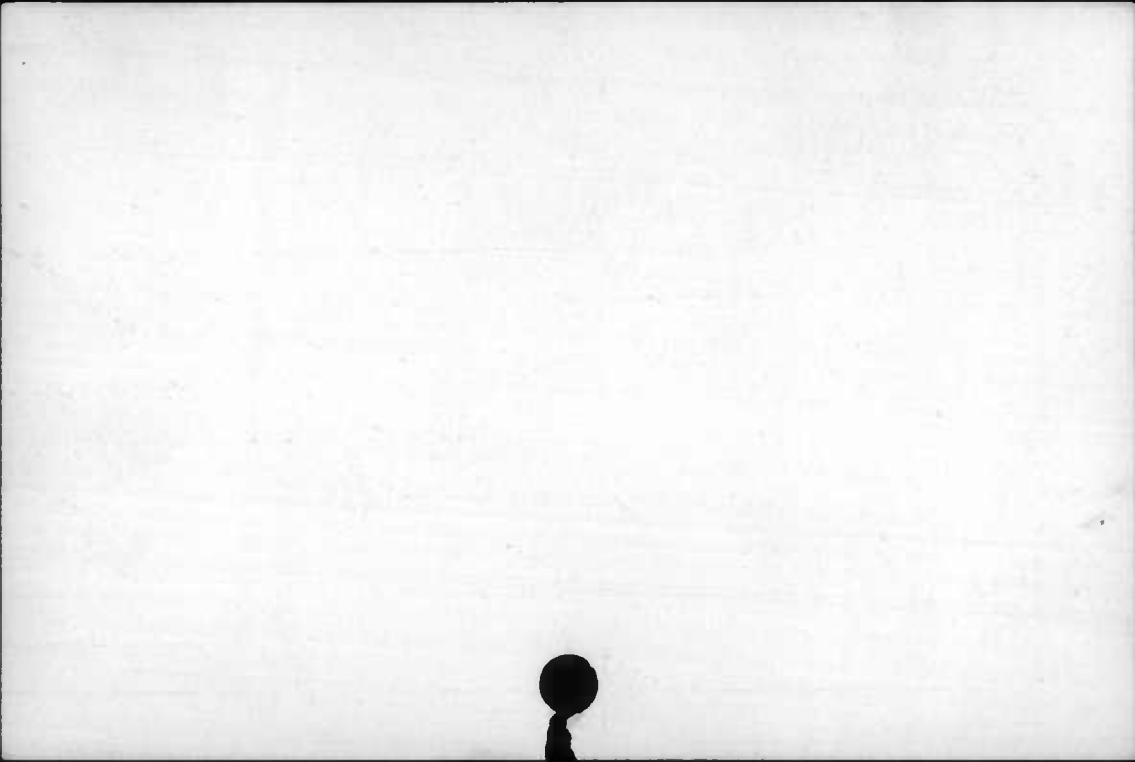
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		3	3	68			
Sex		Color or Race		Birth-place			
Female		White		Dorchester			
Occupation		Where Residing if not at place of death					
House Wife							
Married, Single or Widowed		Name of Wife or Husband					
Married		Noble H. Collins					
Father's Name		Father's Birthplace					
Leysus Bell		Dorchester					
Mother's Maiden Name		Mother's Birthplace					
Elizabeth Hewitt-Bell		Maryland					
Name of person giving information		How related to deceased					
Stella Collins		Daughter					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>La Grip</i>	How long	<i>Four weeks</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>N. F. Merzbach</i>
		Address	<i>E. N. Merzbach</i>
Accident or Suicide?			<i>md</i>



Name
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CERTIFICATE OF DEATH

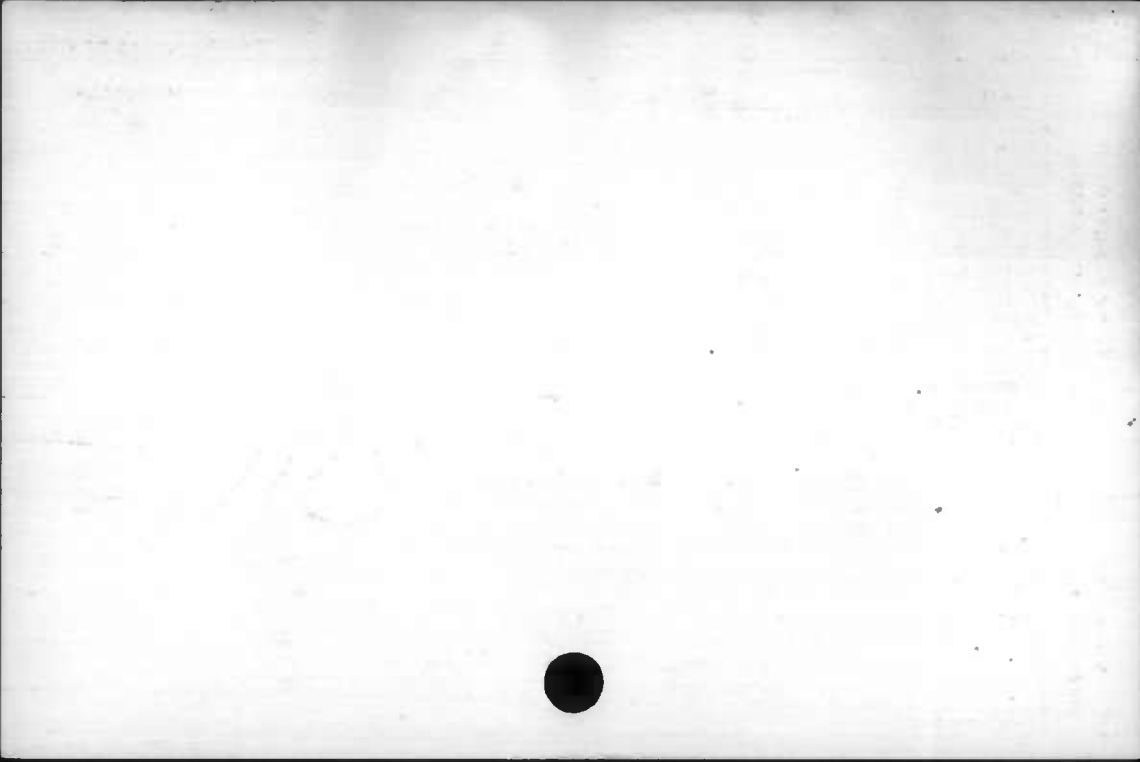
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cambridge</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	<i>March</i> ^{Month}	<i>28</i> ^{Day}	Age <i>—</i> ^{Years}	<i>—</i> ^{Months}	<i>still born</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Cambridge</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>unknown</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Minnie Dickson</i>			Mother's Birthplace <i>Inds</i>		
Name of person giving Information <i>Gen. Hughes</i>			How related to deceased <i>none</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>still born</i>	<i>8</i> ^{How long}
Immediate	<i>—</i> ^{How long}
Are the name, age, sex, color, data and place correctly given above?	Signature of Physician <i>no physician</i>
	Address <i>Clermont Division Justice of the Peace</i>
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

Albert Ellis

Town

County

MARYLAND

Died at

Near Galestown

Anne Arundel

Date

of death

1909

Month

March

Day

14

Age

Years

20

Months

6

Days

12

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

C. A. Ellis

Father's
Birthplace

Del

Mother's
Maiden Name

Maggie Grody

Mother's
Birthplace

Md

Name of person giving
information

Maggie Ellis

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Diabetes Mellitus

How long

4 years

Immediate

General weakness

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

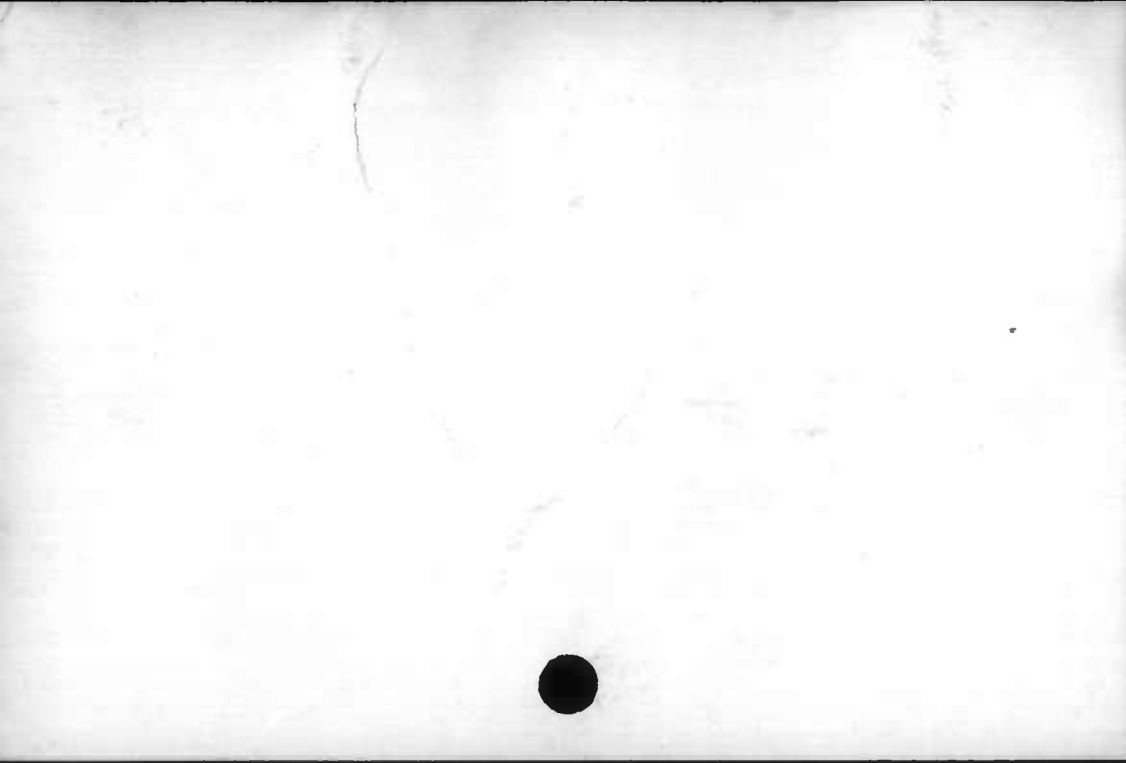
Signature of
Physician

Address

Dr. N. G. Gorman
Sharplow
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Leon Evans

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

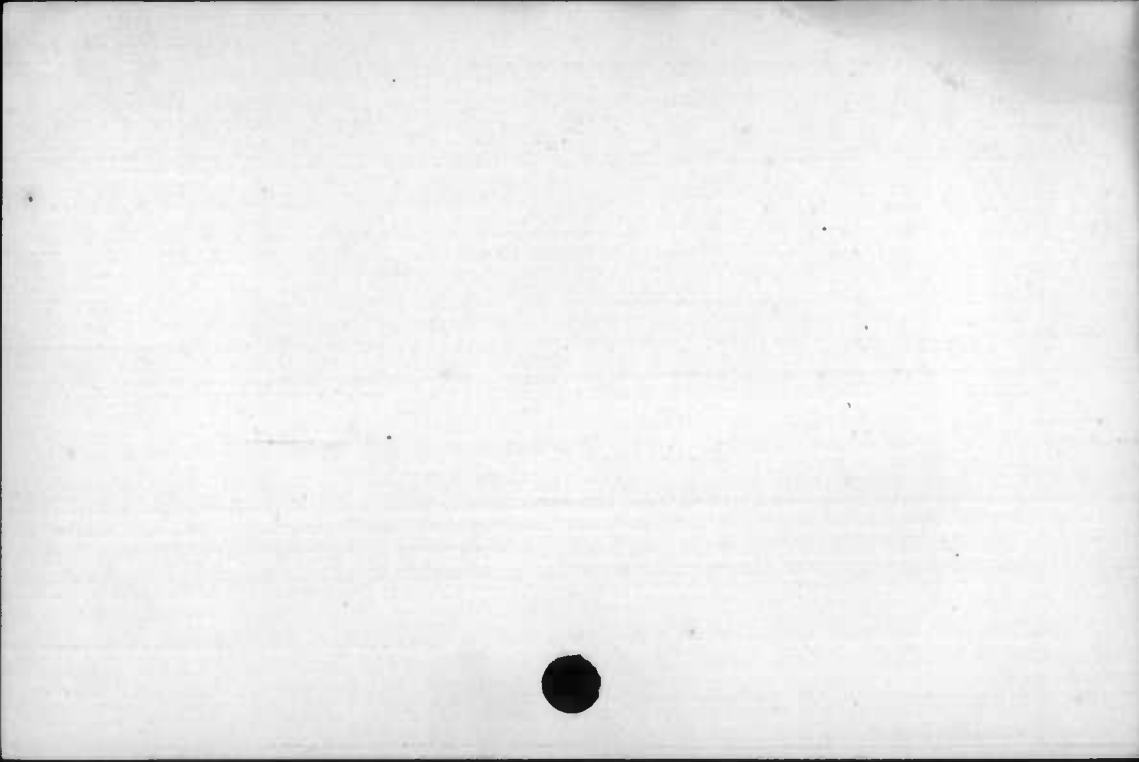
Died at <u>Cauldnap</u> Town		<u>Dorchester</u> County		MARYLAND	
Date of death	1909	Month	Feb.	Day	26
Age	7	Years		Months	
Sex	Male	Color or Race	Colored	Birth-place	Cauldnap, Md
Occupation	—		Where Residing if not at place of death <u>Cauldnap, Md</u>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		<u>Don't Know</u>		Father's Birthplace	
Mother's Maiden Name		<u>Don't Know</u>		Mother's Birthplace	
Name of person giving information				How related to deceased	

CAUSES OF DEATH

146

PHYSICIAN
OR CORONER

Primary	<u>Heart Disease</u>	How long	<u>Two weeks</u>
Immediate	<u>Apoplexy of Brain</u>	How long	<u>Some days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr. G. L.aborer</u>	
		Address <u>Cauldnap, Md</u>	
Accident or Suicide?			



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Cambridge</i>		County <i>Dorchester</i>		State MARYLAND	
Date of death		Month <i>1909</i>	Day <i>Mar</i>	Age <i>4</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Cambridge</i>					
Occupation _____				Where Residing if not at place of death _____			
Married, Single or Widowed _____		Name of Wife or Husband _____					
Father's Name <i>Dawson Foxwell</i>		Father's Birthplace <i>Venice</i>					
Mother's Maiden Name <i>Nora Frantom</i>		Mother's Birthplace <i>Talbot Co</i>					
Name of person giving Information <i>Dawson Foxwell</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

Primary

How long
151

Immediate

How long
—

Are the name, age, sex, color, data and place correctly given above?

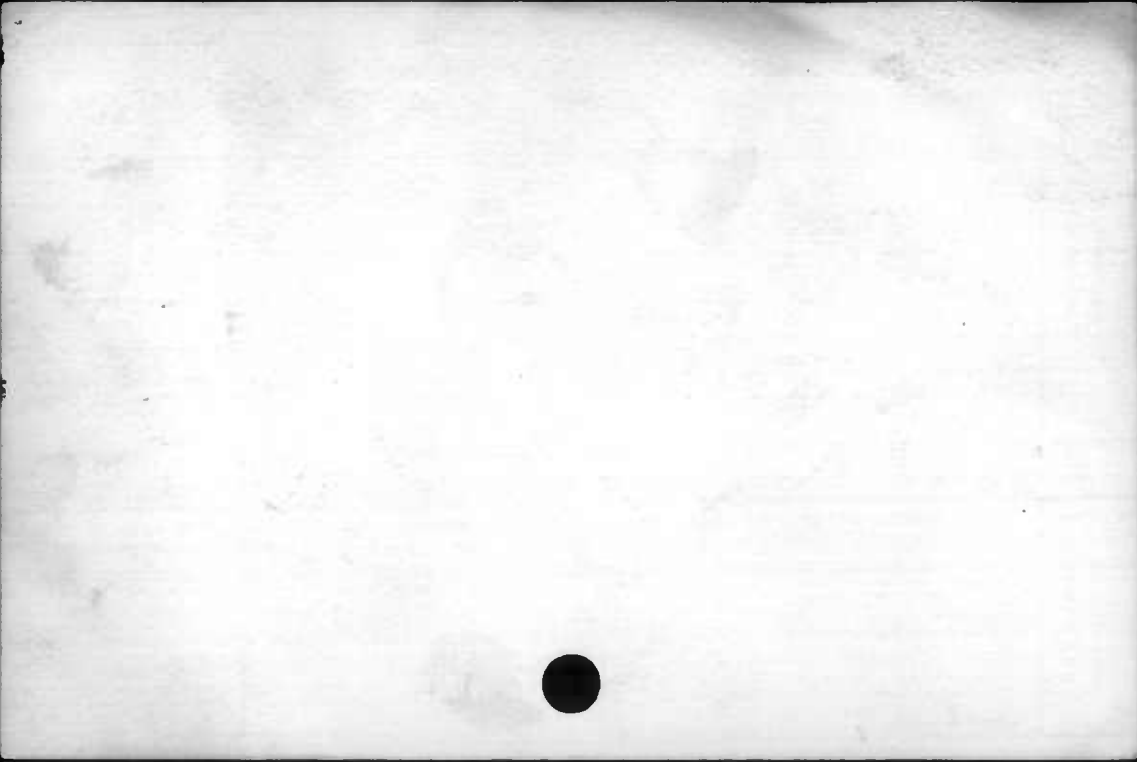
Yes

Signature of Physician

No physician

Address

*Lawrence Sullivan
Justice of the Peace*Accident or Suicide
—



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Carnersville		County Hamilton		barchester		MARYLAND					
Date of death		1909		Month Mar		Day 1		Age 0		Months 1		Days 21	
Sex Female		Color or Race Negro		Birth- place Carnersville									
Occupation none						Where Residing if not at place of death							
Married, Single or Widowed		Single		Name of Wife or Husband		none							
Father's Name		Unknown						Father's Birthplace		Unknown			
Mother's Maiden Name		Nettie Hamilton						Mother's Birthplace		Ind			
Name of person giving Information		Edward Stanley						How related to deceased		cousin			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary		Unknown		How long		—	
Immediate		—		How long		—	
Are the name, age, sex, color, data and place correctly given above?		yes		Signature of Physician		S. A. Stokes	
				Address		Carnersville	
Accident or Suicide						—	



Name
in
Full

Elizabeth Harper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1909		Month	Day	Age	Years	Months	Days
Sex		Color or Race		Birth-place			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Immediate	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
Old age	General debility	yes	W. H. Maguire	Shirley
Accident or Suicide?				

0195 11016

Name
in
Full

Charles Henson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

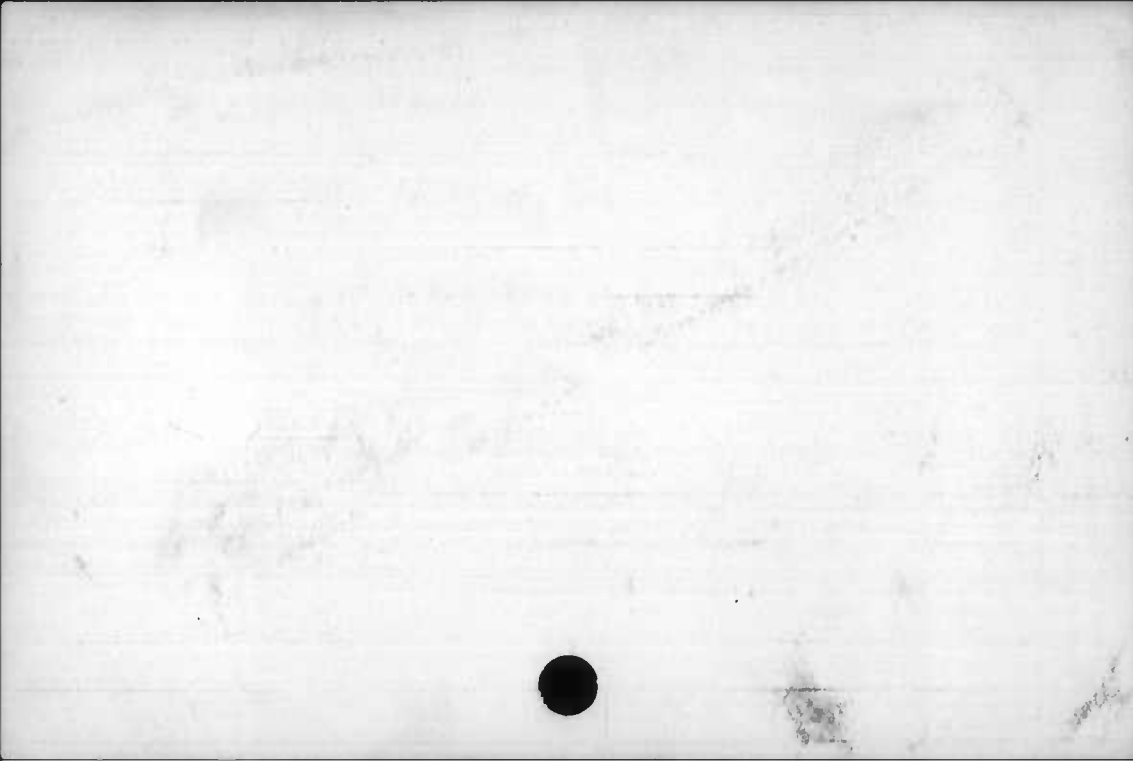
Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death		1909	Month Mar	Day 24	Age 66	Years —	Months —
Sex Male		Color or Race Colored		Birth-place Dorchester Co			
Occupation Laborer		Where Residing if not at place of death —					
Married, Single or Widowed Married		Name of Wife or Husband Harriett Henson					
Father's Name Henry Henson		Father's Birthplace Dorchester Co					
Mother's Maiden Name Susan Long		Mother's Birthplace Dorchester Co					
Name of person giving information Harriett Henson		How related to deceased Wife					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chr. Nephritis	How long Several mos.
Immediate	Cardiac Failure	How long several days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dexter E. Reynolds
		Address Cambridge Md.
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

John Haughes.

Town

County

Died at

Calm's House.

Dorchester.

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1909 Mar.

11th

Age

52.

Sex

male

Color or
Race

colored.

Birth-
place

md.

Occupation

Pauper.

Where Residing if not
at place of deathMarried, Single
or Widowed

widowed.

Name of Wife or
Husband

unknown.

Father's
Name

don't know.

Father's
Birthplace

don't know.

Mother's
Maiden Name

don't know.

Mother's
Birthplace

don't know.

Name of person giving
information

Lottie Pinder.

How related
to deceased

none at all.

CAUSES OF DEATH

66

Primary

Hemiplegia

How long

about 3 yrs.

Immediate

Heart Failure

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

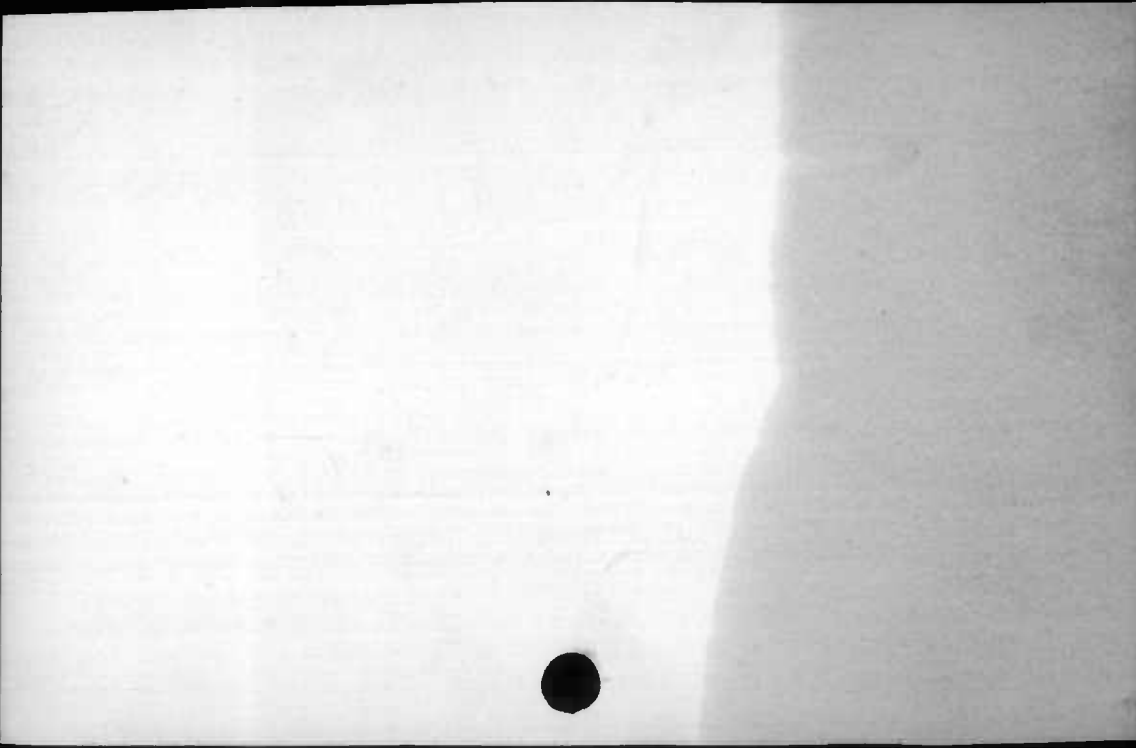
D-1463 Lamb.

Address

Vienna Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Baby Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at East-New Market		Town Dorchester		County		MARYLAND	
Date of death	1909	Month	3	Day	18	Age	Years
Sex girl		Color or Race colored		Birth-place East-New Markt-			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name William W. Jackson				Father's Birthplace E. New Markt-			
Mother's Maiden Name Mary J. Molobray				Mother's Birthplace E. New Markt-			
Name of person giving information William W. Jackson				How related to deceased Father			

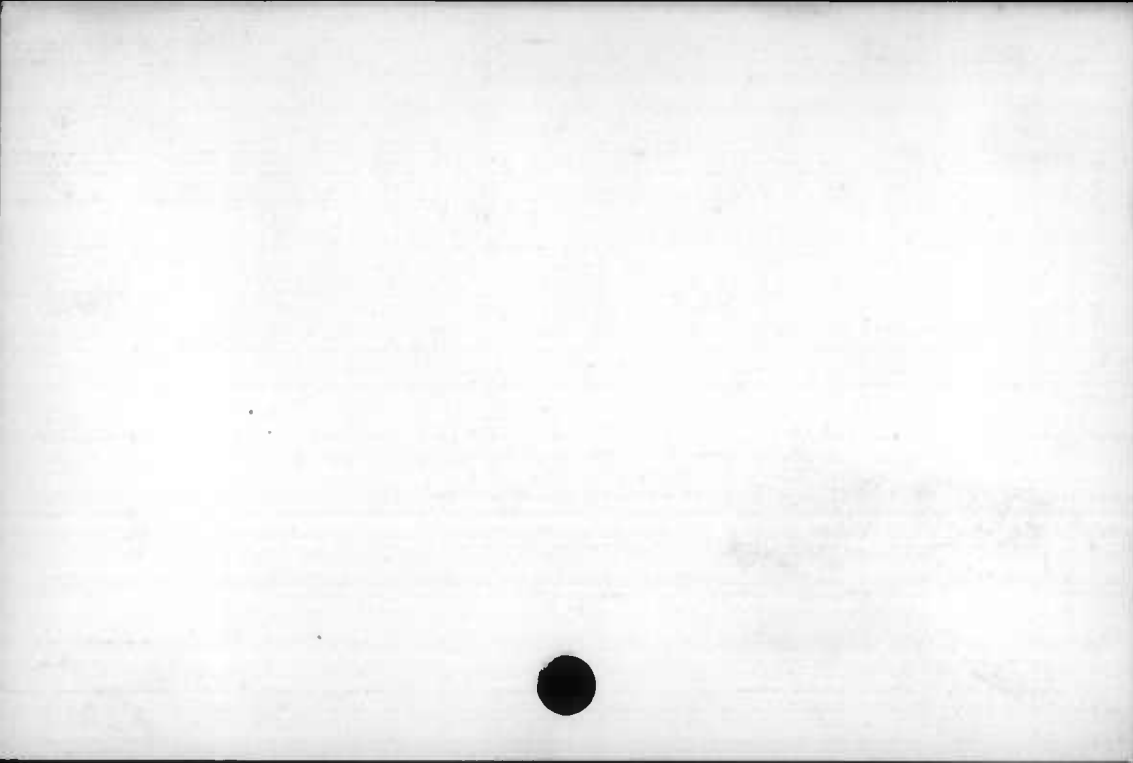
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? yes	
Signature of Physician	H. F. Jacobs M.D.
Address	E. N. Market
Accident or Suicide?	md-



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Church Creek</i> <small>Town</small>		<i>Dorchester</i> <small>County</small>	
		Date of death <i>1907</i> <small>Month</small> <i>March</i> <small>Day</small> <i>25th</i>		Age <i>59</i> <small>Years</small> <i>7</i> <small>Months</small> <i>26</i> <small>Days</small>	
		Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Dorchester Co. Md.</i>	
		Occupation <i>Housewife</i>		Where Residing if not at place of death	
		Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Astoria J. Jones</i>		
		Father's Name <i>Hugh A. Moore</i>	Father's Birthplace <i>Dor. Co. Md.</i>		
		Mother's Maiden Name <i>Elizabeth K. Moore</i>	Mother's Birthplace <i>Dor. Co. Md.</i>		
		Name of person giving information <i>Anna C. Spicer</i>	How related to deceased <i>Daughter</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Apoplexy - Probable -</i>		How long <i>Can't say</i>	
		Immediate <i>Can't say - Dead when I saw her.</i>		How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. L. Lenthien</i>	
				Address <i>Church Creek, Md.</i>	
		Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

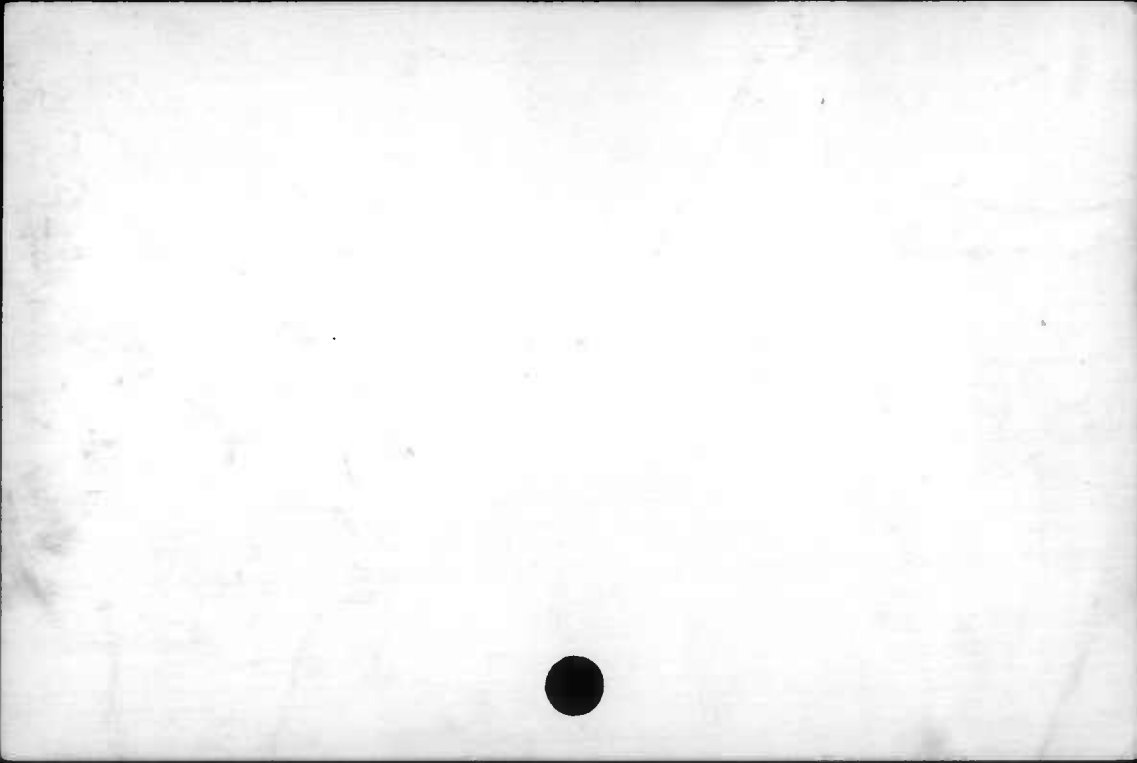
Name in Full <i>Daisy A. Kinnear</i>		Town <i>Segetary</i>		County <i>Dorchester</i>		State <i>MARYLAND</i>	
Died at <i>Segetary</i>		Month <i>3</i>		Day <i>27</i>		Years <i>24</i>	
Date of death <i>1909</i>		Age <i>24</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Dorchester</i>			
Occupation <i>Semstress</i>		Where Residing if not at place of death					
Married , Single or Widowed		Name of Wife or Husband					
Father's Name <i>James H. Kinnear</i>		Father's Birthplace <i>Dorchester</i>					
Mother's Maiden Name <i>Mary Leconte</i>		Mother's Birthplace <i>"</i>					
Name of person giving Information <i>James Bradley</i>		How related to deceased <i>Friend</i>					

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>Gun shot wound</i>	How long	<i>17 months</i>
Immediate	<i>abscess & septic poison</i>	How long	<i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. F. Nicols, MD</i>	
		Address <i>E. N. Market - Md.</i>	
Accident or Suicide <i>accidental</i>			



Name
in
Full

Thomas Edward Kinnery

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Secretary Town Dorchester County MARYLAND

Date of death 190 7 Month 3 Day 8 Age 3 Years Months Days

Sex Male Color or Race White Birth-place Dorchester

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Edward Kinnery

Father's Birthplace

Dor co

Mother's Maiden Name

Mary SE Plummer

Mother's Birthplace

Salvator

Name of person giving Information

Edward Kinnery

How related to deceased

Father

CAUSES OF DEATH

179

Primary

Cynosis

How long

Five years

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

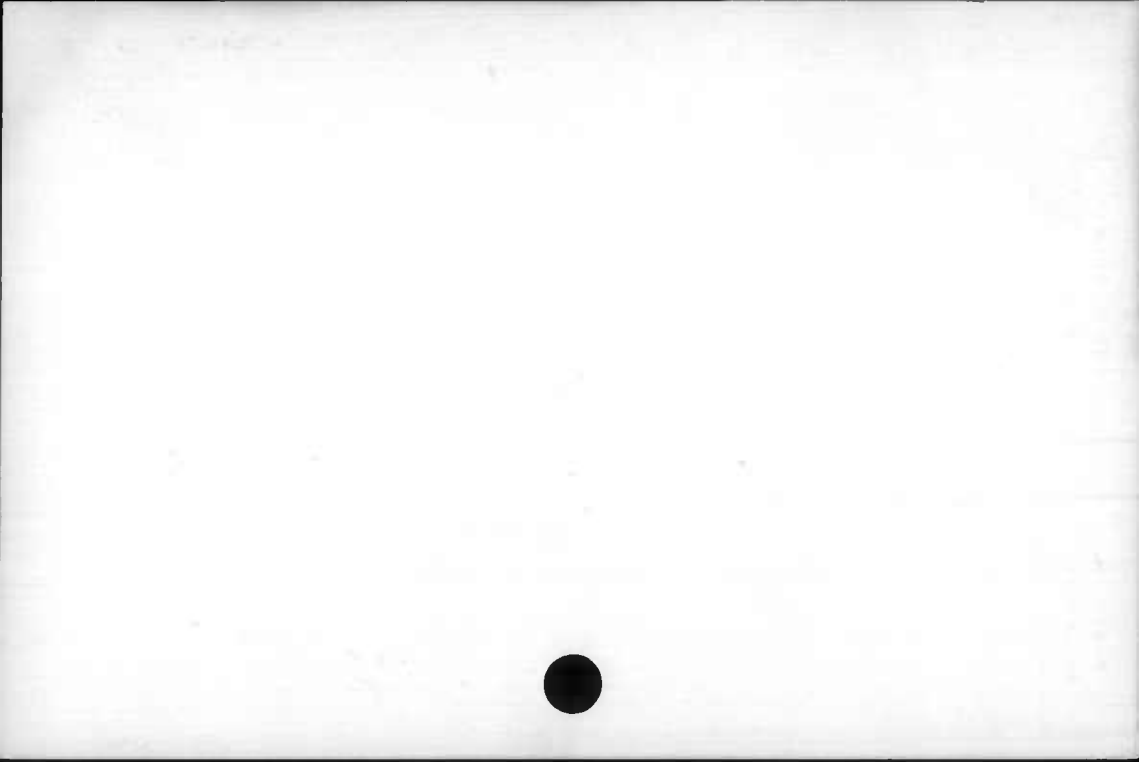
H. F. Nichols MD

Address

E. N. Market

Md.

PHYSICIAN
OR CORONER~~Accident or Suicide~~



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Elliott* ^{Town} *Dorchester* ^{County} **MARYLAND**

Date of death 190 *9* ^{Month} *Mar* ^{Day} *2* Age *—* ^{Years} *9* ^{Months} *1* ^{Days}

Sex *male* Color or Race *White American* Birth-place *Salsberry Md.*

Occupation *none* Where Residing if not at place of death

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Arthur B. Lowry* Father's Birthplace *Mt. Vernon Md.*

Mother's Maiden Name *Mary A. Thomas* Mother's Birthplace *Hurleys neep Soc. Co Md.*

Name of person giving Information *Jno. W. Thomas* How related to deceased *Grandfather*

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary *Cutarrhal Pneumonia* ^{How long} *10 days*

Immediate *"*Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician

Address

R. I. Britton M.D.
Elliott Md.

Accident or Suicide *—*



Name
in
Full

Ruth Mason

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Todd Mill ^{Town} district no 10 ^{County} DorchesterDate of death 1909 ^{Month} march ^{Day} 28 ^{Age} ^{Years} ^{Months} 5 ^{Days} —Sex female ^{Color or Race} white ^{Birth-place} Todd MillOccupation non ^{Where Residing if not at place of death}Married, Single or Widowed Single ^{Name of Wife or Husband}Father's Name Sebern E. Mason ^{Father's Birthplace} craps go coMother's Maiden Name Lizzie Robinson ^{Mother's Birthplace} Todd MillName of person giving information Sebern E. Mason ^{How related to deceased} Father

CAUSES OF DEATH

9

Primary ^{How long} chronic croup 4 daysImmediate ^{How long}

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Wm H. Pritchett J.P.
Bishop's Head m d

Accident or Suicide?



Name
in
Full

Medford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Hanford</u> ^{Town}		<u>archer</u> ^{County}			
Date of death <u>1909</u>	<u>3</u> ^{Month}	<u>13</u> ^{Day}	Age <u>still born</u> ^{Years}	<u></u> ^{Months}	<u></u> ^{Days}
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Port Co. Md</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Conney Medford</u>			Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Lucy Medford</u>			Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>Conney Medford</u>			How related to deceased <u>father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>still born</u>	<u>8</u> ^{How long}
Immediate <u>—</u>	<u>—</u> ^{How long}
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>R. Hocking Jr.</u>
	Address <u>Hanford Md.</u>
Accident or Suicide?	



Name in Full		Town				County		CERTIFICATE OF DEATH	
Howell mace meredith		Todd Hill district no 10				Dorchester		MARYLAND	
Died at		Date of death		Month	Day	Age	Years	Months	Days
1909		march		2				10	15
Sex		Color or Race		Birth-place					
male		white		Todd Hill					
Occupation		Where Residing if not at place of death							
non									
Married, Single or Widowed		Name of Wife or Husband							
Single									
Father's Name		Father's Birthplace							
James A meredith		Todd Hill							
Mother's Maiden Name		Mother's Birthplace							
Alice D mason		Bishop Head							
Name of person giving information		How related to deceased							
Alice D meredith		mother							
		CAUSES OF DEATH			93				
Primary		How long							
Pneumonia		2 weeks							
Immediate		How long							
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician							
		Address							
		Wm H A Pritchett J. D							
Accident or Suicide?		Bishop Head md							



Name
in
Full

Missouri V. Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

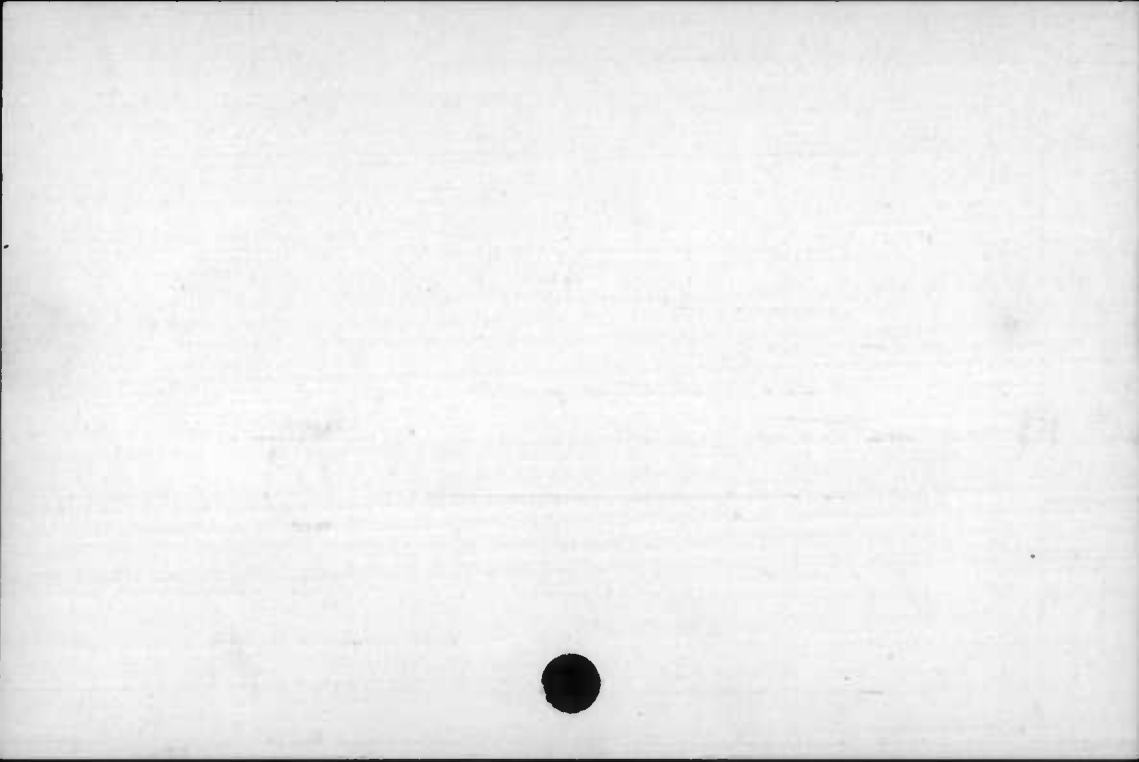
Died at <i>Bishop's Head</i> ^{Town}		<i>Dorchester</i> ^{County}			
Date of death <i>1909</i>	Month <i>March</i>	Day <i>9</i>	Age <i>41</i>	Years <i>7</i>	Months <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Bishop's Head</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Bishop's Head</i>		
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Milliard A. Mills</i>				
Father's Name <i>Valentine Cannon</i>	Father's Birthplace <i>Bishop's Head</i>				
Mother's Maiden Name <i>Amelia Ruark</i>	Mother's Birthplace <i>Bishop's Head</i>				
Name of person giving information <i>Milliard A. Mills</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Pneumonia</i>	How long <i>about 2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. J. M. White</i>
	Address <i>La rapo. Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

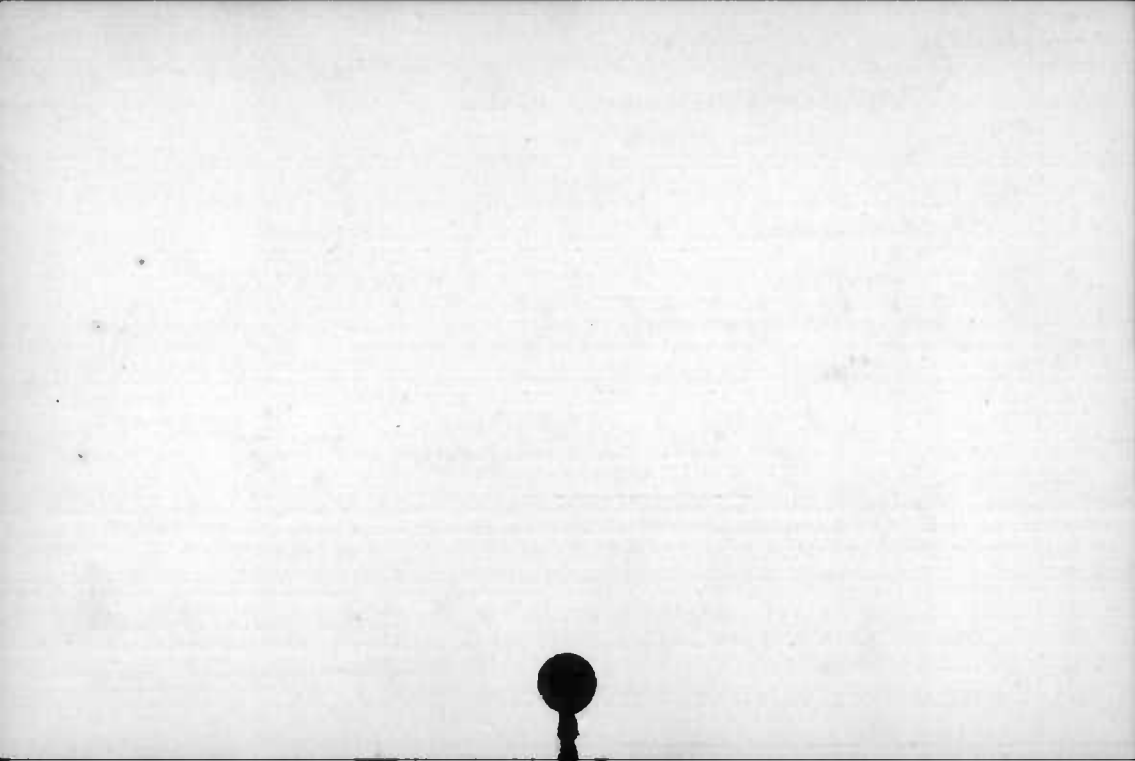
Name in Full <i>Selena W Morris</i>		Town <i>Bishop Head</i>		County <i>Dorchester</i>		MARYLAND	
Died at <i>Bishop Head district</i>		Date of death <i>1909</i>		Month <i>March</i>		Day <i>18</i>	
Age <i>25</i>		Years <i>25</i>		Months <i>5</i>		Days <i></i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Bishop Head</i>			
Occupation <i>house work</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Alby J Morris</i>					
Father's Name <i>Joseph Hoffman</i>		Father's Birthplace <i>Coltappers West Virginia</i>					
Mother's Maiden Name <i>Alvie Bramble</i>		Mother's Birthplace <i>Bishop Head</i>					
Name of person giving information <i>Alby J Morris</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>8 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W H Pritchard Jr.</i>
	Address <i>Bishop Head Md</i>
Accident or Suicide?	



Name

in
Full

Francis Joseph Moulton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

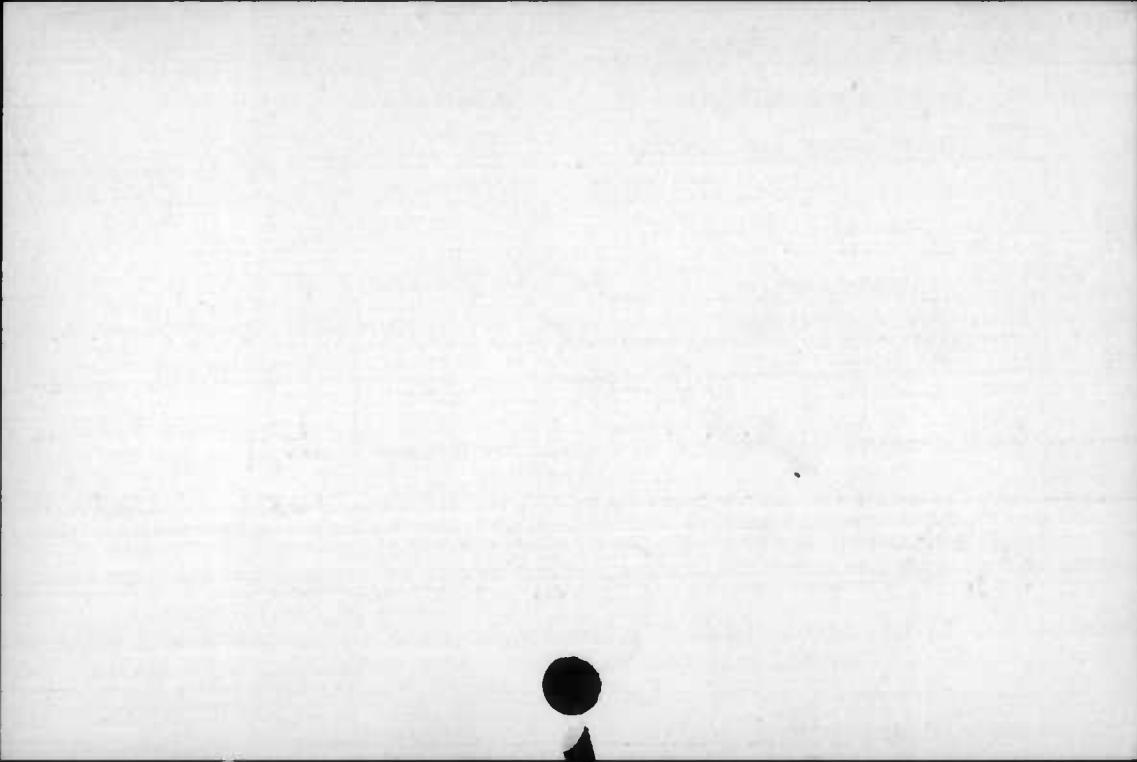
Died at Fishing Creek		County Dorchester		State MARYLAND	
Date of death 1909	Month March	Day 27th.	Age 41	Months 1	Days 25
Sex Male		Color or Race White		Birth place Gorbiel, France	
Occupation None			Where Residing if not at place of death -----		
Married, Single or Widowed Married		Name of Wife or Husband Catherine Anilla Fitzpatrick			
Father's Name Chas. Raymond Meetz Moulton			Father's Birthplace Troy, N.Y.		
Mother's Maiden Name Annie Lillie Greenough			Mother's Birthplace Boston, Mass.		
Name of person giving information Mrs. C.A.F. Moulton			How related to deceased Wife		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary Aortic Regurgitation and Chronic Parenchymatous Nephritis		How long Do not know
Immediate Acute Bronchitis and Cardiac Dilatation		How long Two Months
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician W. A. Housty, M.D.
		Address Fishing Creek, Md.
Accident or Suicide? Yes		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Ramon M. Murphy*

Died at *Bethesda* Town *Bethesda* County *Dor*

DATE of death 1909 Month *Mar* Day *30* Age *24* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Dor Co*

Occupation *Cyberman* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *John M. Murphy* Father's Birthplace *Dor Co*

Mother's Maiden Name *Saura E. Lewis* Mother's Birthplace *Dor Co*

Name of person giving information *Saura E. Murphy* How related to deceased *Widow*

CAUSES OF DEATH

How related to deceased

PHYSICIAN
OR CORONER

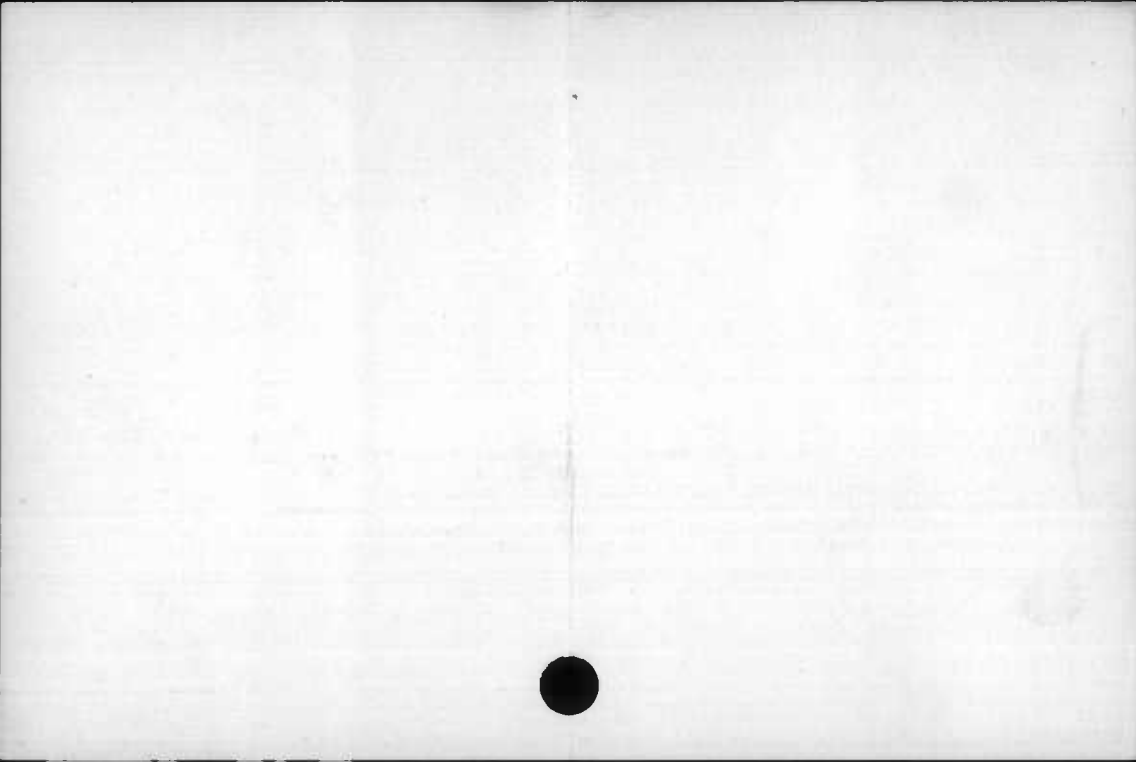
Primary *Pulmonary Tuberculosis* How long *—*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Shaw* Address *Wingate Rd*

Accident or Suicide? *—* *Wm H. Pritchett Bethesda*



Name
in
Full

William North

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

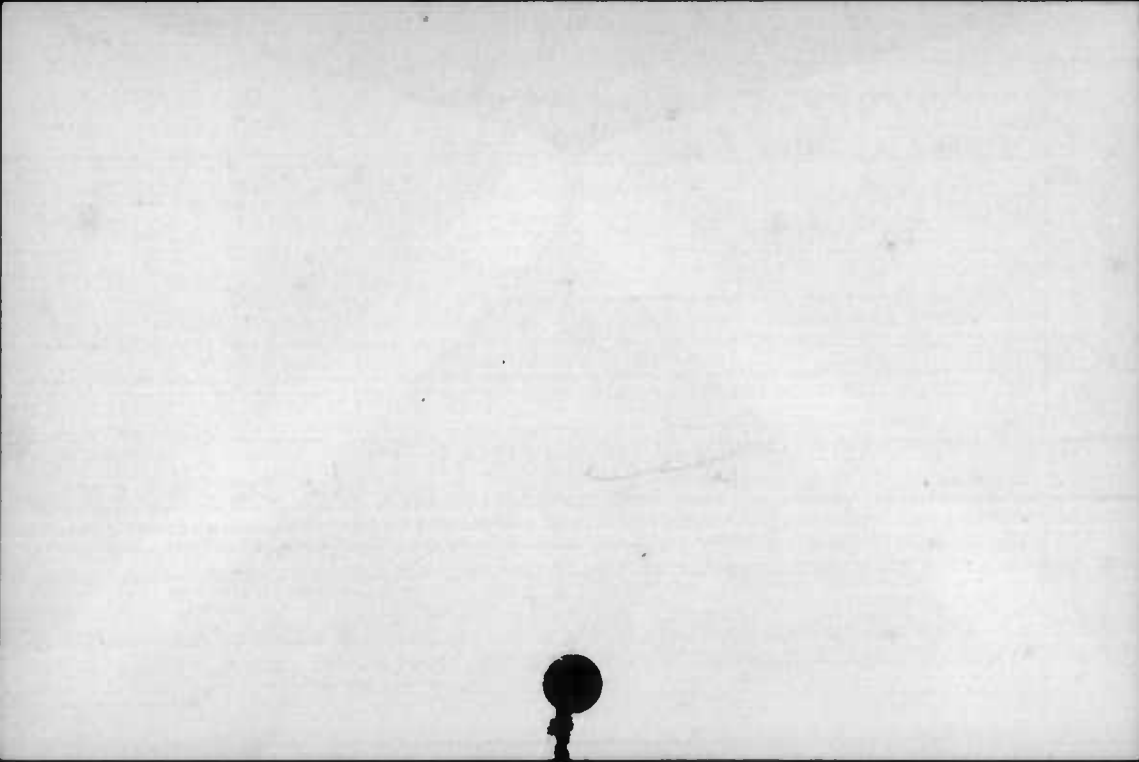
Died at <u>Neck</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		<u>md</u> <small>MARYLAND</small>	
Date of death <u>1909</u> <small>Year</small>		<u>March</u> <small>Month</small>		<u>30</u> <small>Day</small>	
Sex <u>male</u>		Color or Race <u>White</u>		Birth-place <u>Neck</u>	
Occupation <u>Sailor</u>		Where Residing if not at place of death <u>Neck</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>May North</u>			
Father's Name <u>Wesley North</u>		Father's Birthplace <u>Neck</u>			
Mother's Maiden Name <u>I don't know</u>		Mother's Birthplace <u>don't know</u>			
Name of person giving information <u>E E LeCompt</u>		How related to deceased <u>son</u>			

CAUSES OF DEATH

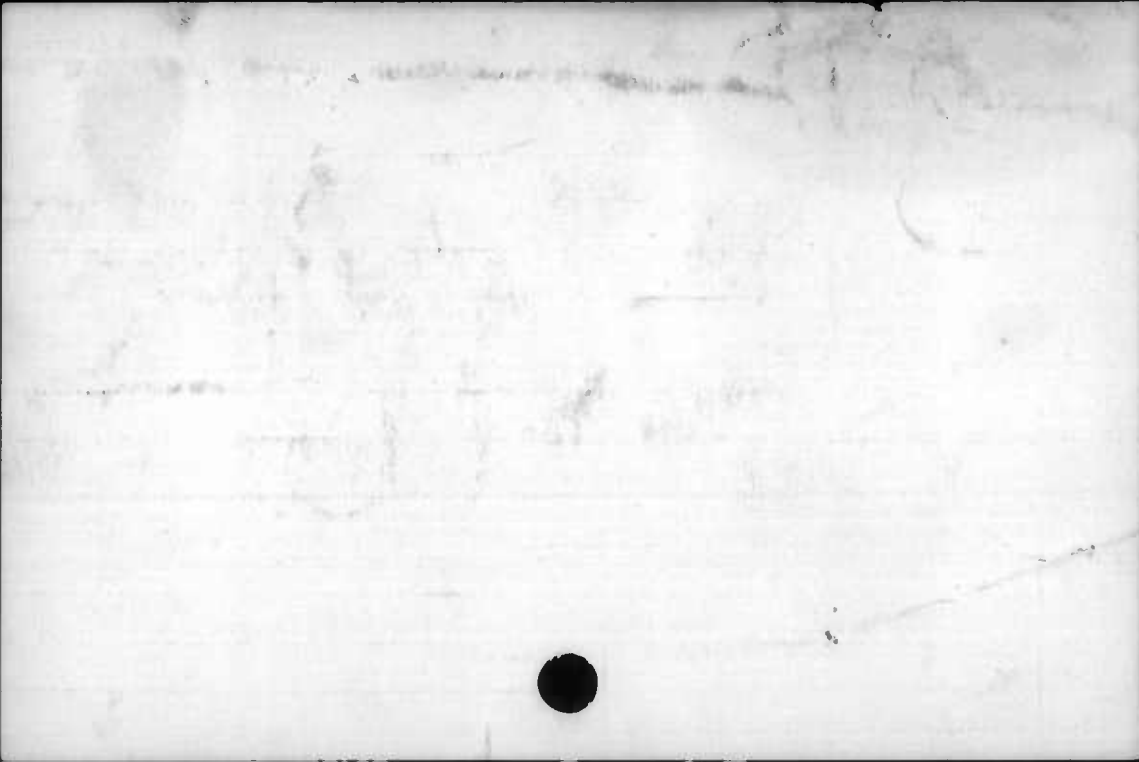
172

PHYSICIAN
OR CORONER

Primary	<u>drowned in choppy water River</u>	How long	<u>unknown</u>
Immediate	<u>Exhaustion</u>	How long	<u>10 "</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>No physician</u>	
		Address <u>Greenwood Avenue</u>	
Accident or Suicide?		<u>Justice of the Peace</u>	



Name in Full <i>James E. Fitchett</i>		County <i>Dorchester</i>		CERTIFICATE OF DEATH	
Died		Date of death		Maryland	
Month <i>March</i>		Day <i>29</i>		Years <i>9</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Miner, Dorchester Co.</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>James E. Fitchett</i>		Father's Birthplace <i>Miner, Dorchester Co.</i>			
Mother's Maiden Name <i>Martha W. Todd</i>		Mother's Birthplace <i>Miner, Dorchester Co.</i>			
Name of person giving information <i>Father</i>		How related to deceased			
CAUSES OF DEATH					
Primary <i>Diphtheria</i>		How long <i>8 days</i>			
Immediate <i>Suffocation</i>		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. Curran</i>			
		Address <i>Miner, Dorchester Co.</i>			
Accident or Suicide?					



Name
in
Full

John A. Pheo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

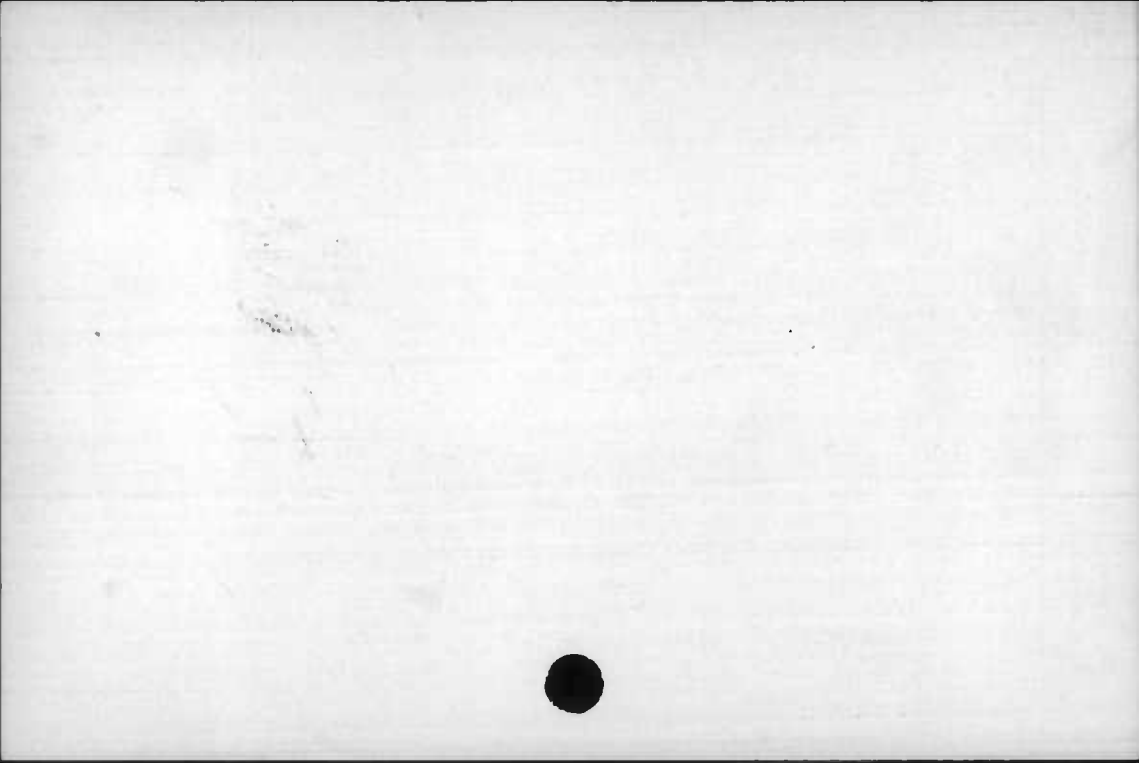
Died at <i>Cambridge</i> ^{Town}		<i>Winchester</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	Month <i>March</i>	Day <i>20</i>	Age <i>72</i>	Years <i>72</i>	Months <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Dr. Co. Md.</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary E. Bennett</i>			
Father's Name <i>Wm Pheo</i>			Father's Birthplace <i>Frederick</i>		
Mother's Maiden Name <i>Elizabeth Sewall</i>			Mother's Birthplace <i>Dr. Co. Md.</i>		
Name of person giving information <i>Mary E Pheo</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

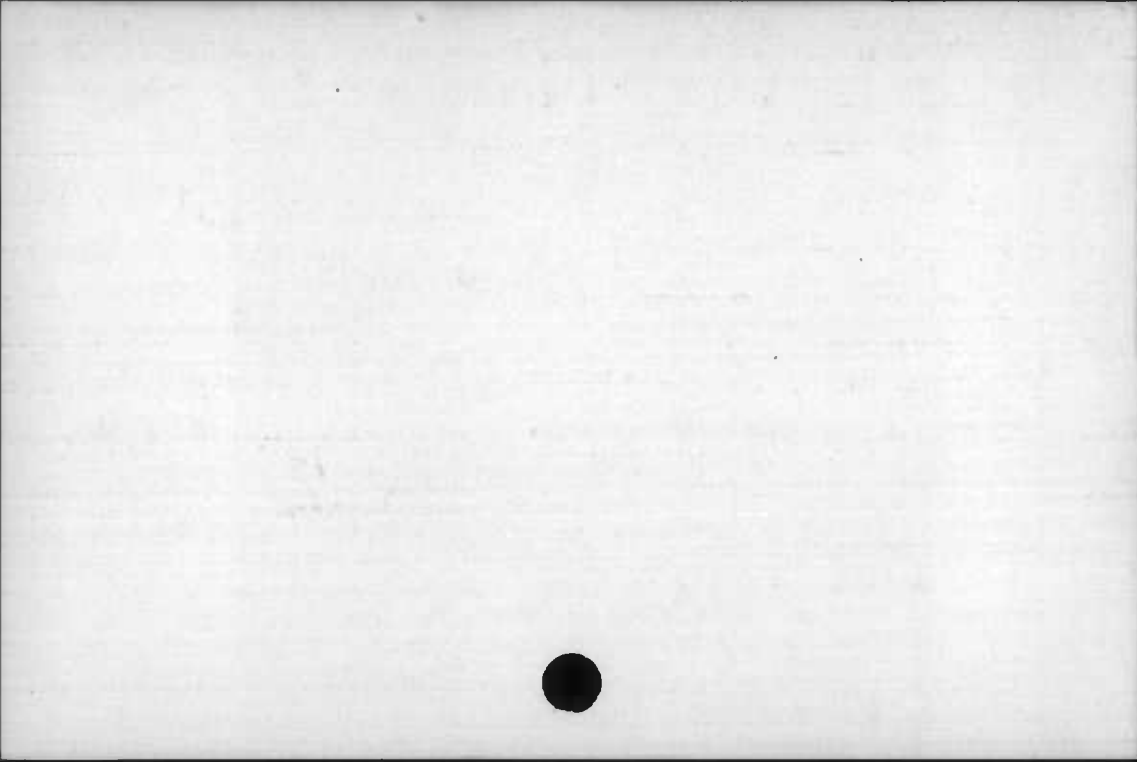
80

PHYSICIAN
OR CORONER

Primary <i>Angina Pectoris</i>	How long <i>Some years</i>
Immediate <i>acute heart failure</i>	How long <i>Instantly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Guy Stueb</i>
	Address <i>Cambridge, Md.</i>
Accident or Suicide?	



Name in Full		Mollie M. Robinson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cambridge	County Anchored		MARYLAND	
	Date of death	1909	Month March	Day 21	Age 33	Months 2	Days 24
	Sex	Female	Color or Race white		Birth-place Baltimore, Md.		
	Occupation Housewife		Where Residing if not at place of death				
	Married, Single or Widowed	married	Name of Wife or Husband J. Edgar Robinson				
	Father's Name	John H. Hales				Father's Birthplace Baltimore, Md.	
	Mother's Maiden Name	Mary J. Corral				Mother's Birthplace Baltimore, Md.	
Name of person giving information		Aris M. M. M.				How related to deceased Sister	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Valentin's decision of pregnancy			How long 4 hr from 13 months	
	Immediate		sudden heart failure			How long 10 minutes	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Guy Smith		
					Address Cambridge, Md.		
	Accident or Suicide?						



Name

in
Full

Elizabeth Ruark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Fishing Creek		Town		County		Dorchester		MARYLAND	
Date of death	1909	Month	March	Day	13th.	Age	67	Months	4
Sex	Female		Color or Race	White		Birth place	Dorchester, Co.		
Occupation	Housewife		Where Residing if not at place of death		-----				
Married, Single or Widowed	Widowed		Name of Wife or Husband		Wm. P. Ruark (2nd husband)				
Father's Name	Henry W. Ruark		Father's Birthplace		Dorchester, Co.				
Mother's Maiden Name	Elizabeth Simmons		Mother's Birthplace		Dorchester, Co.				
Name of person giving information	Mrs. Rebecca T. Ruark		How related to deceased		Sister-in-law				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary and Intestinal Tuberculosis, Do not know	How long	
Immediate	Extreme Emaciation And Exhaustion, Two Months	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. H. Houston M.D.
		Address	Fishing Creek, Md.

Accident or Suicide

1st husband. Wm H. Meekins,
2nd " Lewis Woodland.

Name
in
Full

Lilly Angeline Saunders

CERTIFICATE OF DEATH

MARYLAND

Died at

Woolford

Town

Dorchester

County

Date

1909

Month

Mar.

Day

20

Age

Years

65

Months

3

Days

Sex

Female

Color or
Race

White

Birth-
place

Dor. Co. Md

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

William Saunders

Father's
Name

Joseph H. Christopher

Father's
Birthplace

Dor. Co. Md.

Mother's
Maiden Name

Rose Ann Johnson

Mother's
Birthplace

Dor. Co. Md

Name of person giving
Information

Mrs. Straney

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Neurasthenia & Cancer might have lasted about 2 years.

Immediate

General Exhaustion

How long

Two weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

B. L. Amick M.D.

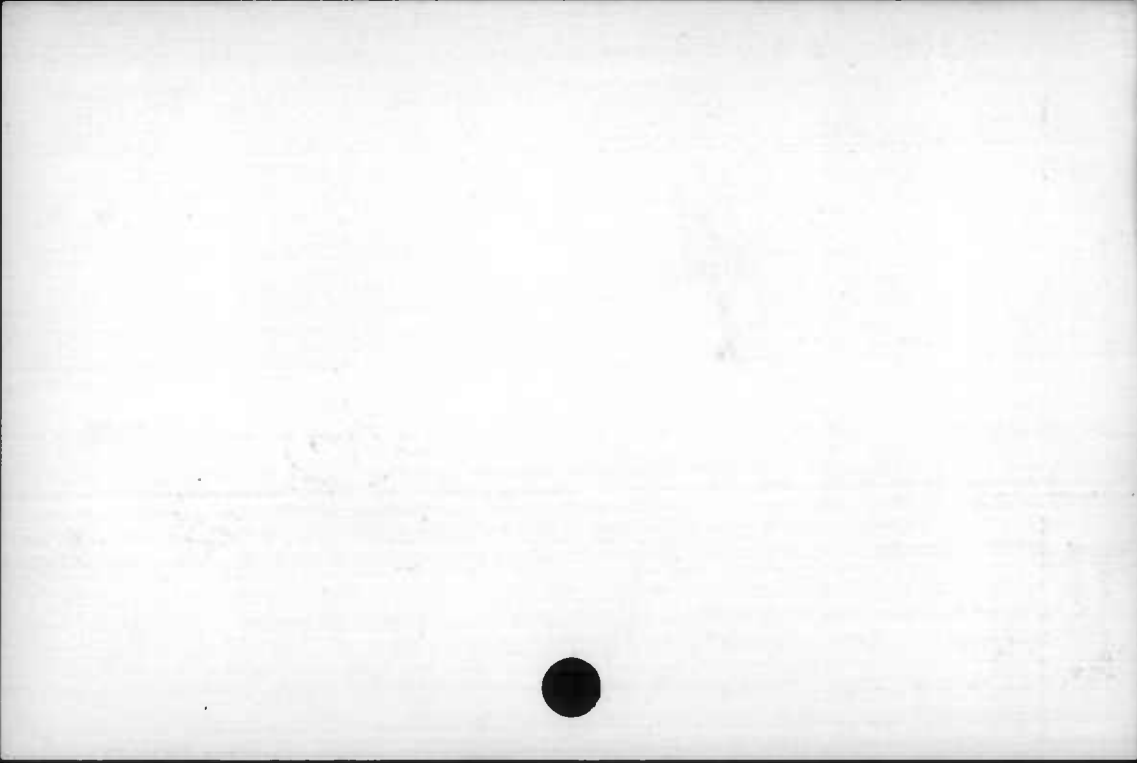
Address

Madison Md.

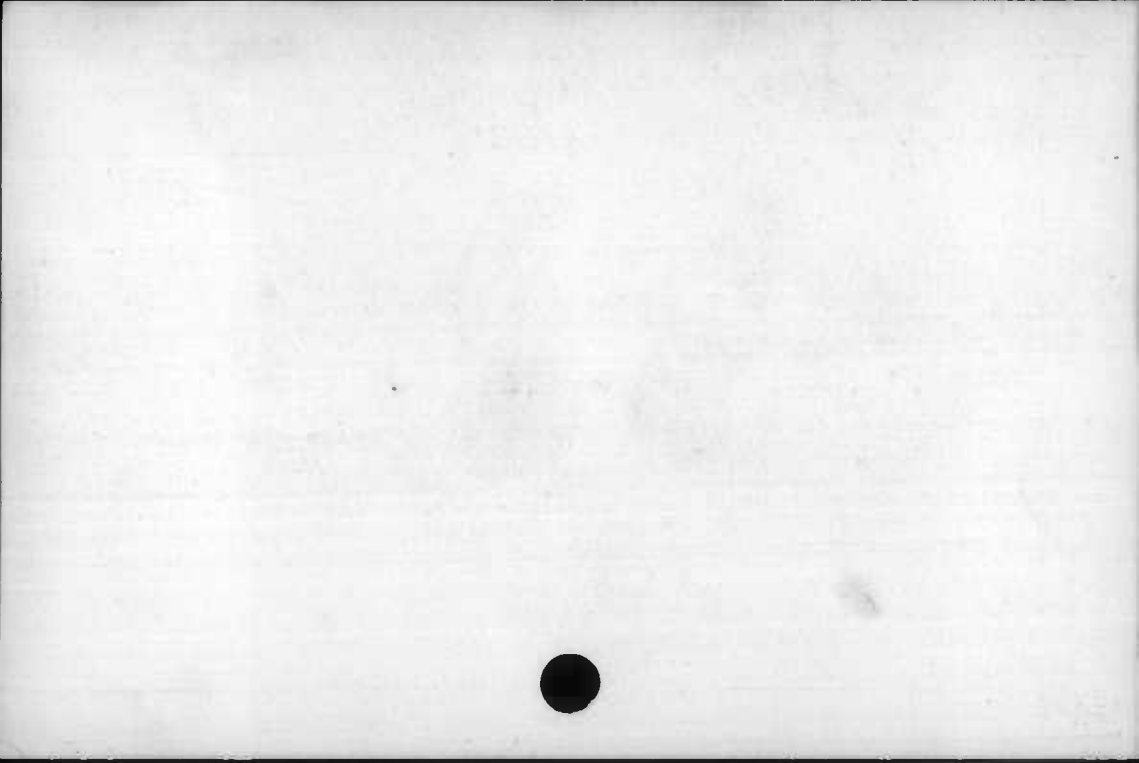
Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Maggie Seymour				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at	Cambridge ^{Town}		Litchester ^{County}		MARYLAND							
	Date of death	1905	Month	Mar	Day	14	Age	Years	24	Months	—	Days	—
	Sex	Female		Color or Race	Colored		Birth-place	Litchester Co.					
	Occupation	House-servant				Where Residing if not at place of death							
	Married, Single or Widowed	Single		Name of Wife or Husband									
	Father's Name	George Seymour					Father's Birthplace	Litchester Co.					
	Mother's Maiden Name	Leah Light					Mother's Birthplace	Litchester Co.					
Name of person giving information	Leah Seymour					How related to deceased	Mother						
PHYSICIAN OR CORONER	<div>CAUSES OF DEATH</div> <div>It was probably of specific origin</div> <div>36</div>												
	Primary	Inflammation of Pelvic Viscera						How long	Several Weeks				
	Immediate	Peritonitis						How long	4 days				
	Are the name, age, sex, color, date and place correctly given above?	Yes						Signature of Physician	Dexter J. Reynolds M.D.				
								Address	Cambridge Md				
	Accident or Suicide?												



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Henry Smith

Died at *Federalburg* Town *Dorchester* County **MARYLAND**

Date of death *1909* Month *mar* Day *22* Age *88* Years Months *2* Days *20*

Sex *male* Color or Race *white* Birth-place *N Y*

Occupation *printer* Where Residing if not at place of death

Married, Single or Widowed *widowed* Name of Wife or Husband *Selestina Van Sickle*

Father's Name *John Smith* Father's Birthplace *N Y*

Mother's Maiden Name *Emma Miller* Mother's Birthplace *N Y*

Name of person giving Information *E A Vandewater* How related to deceased *sister*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary *Senility* How long *6 months*

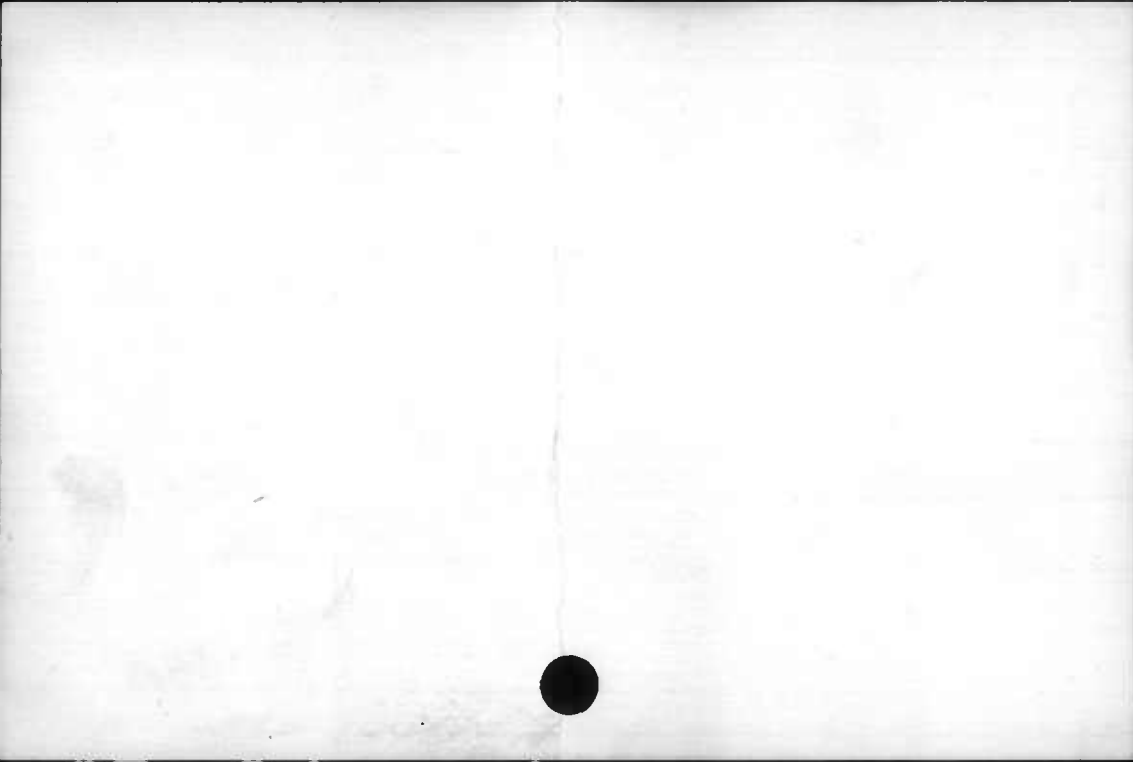
Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *R Kemp Jefferson*

Address *Federalburg ind*

Accident or Suicide



Name
in
Full

Thos. Edw. Spadden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town James		County Borchester		MARYLAND	
Date of death	Month	Day	Age	Year	Month	Day	
1909	Mar	18	70		3		
Sex	Male		Color or Race	White		Birth-place	James. Md
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or husband	Susan Spadden			
Father's Name	Amey Spadden				Father's Birthplace	James. Md	
Mother's Maiden Name	Elyza Spadden				Mother's Birthplace	Md	
Name of person giving Information	H P Spadden				How related to deceased	Son	

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary	Diabetes mellitus	How long	4 yrs
Immediate	Coma	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S A Stokes
		Address	Cornsville Md
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

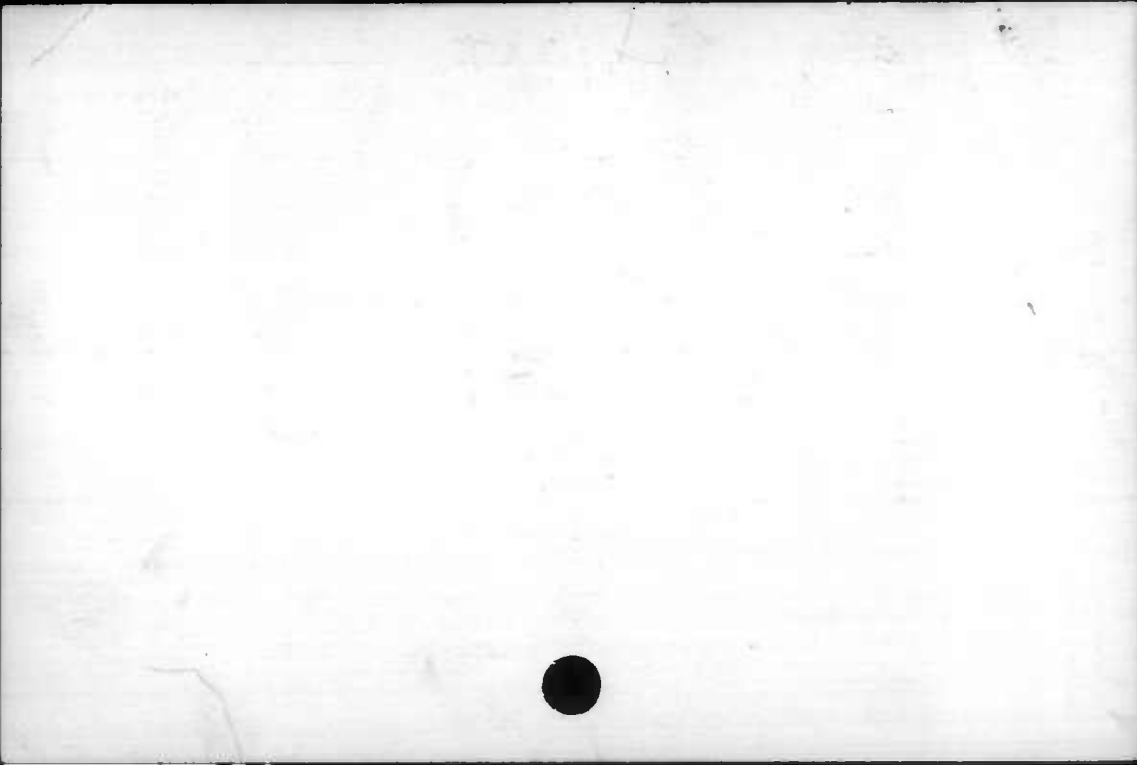
Died at <i>Crape district no 10</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	March	3	Age about 53	Months	Days
Sex	Color or Race	Birth-place			
Man	Black	Crape			
Occupation	Where Residing if not at place of death				
had none					
Married, Single or Widowed	Name of Wife or Husband				
Single	John Spicer				
Father's Name	Father's Birthplace				
Samuel Spicer	Crape				
Mother's Maiden Name	Mother's Birthplace				
Henry Spicer	Crape				
Name of person giving Information	How related to deceased				
L. A. Insley	Mosby's				

CAUSES OF DEATH

170

PHYSICIAN
OR CORONER

Primary	How long
Erysipelas	unknown
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	Address
	Wm H. Pritchett J.P.
Accident or Suicide	Bishop Head m d



Name
in
Full

Rebecca S. Stanley.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

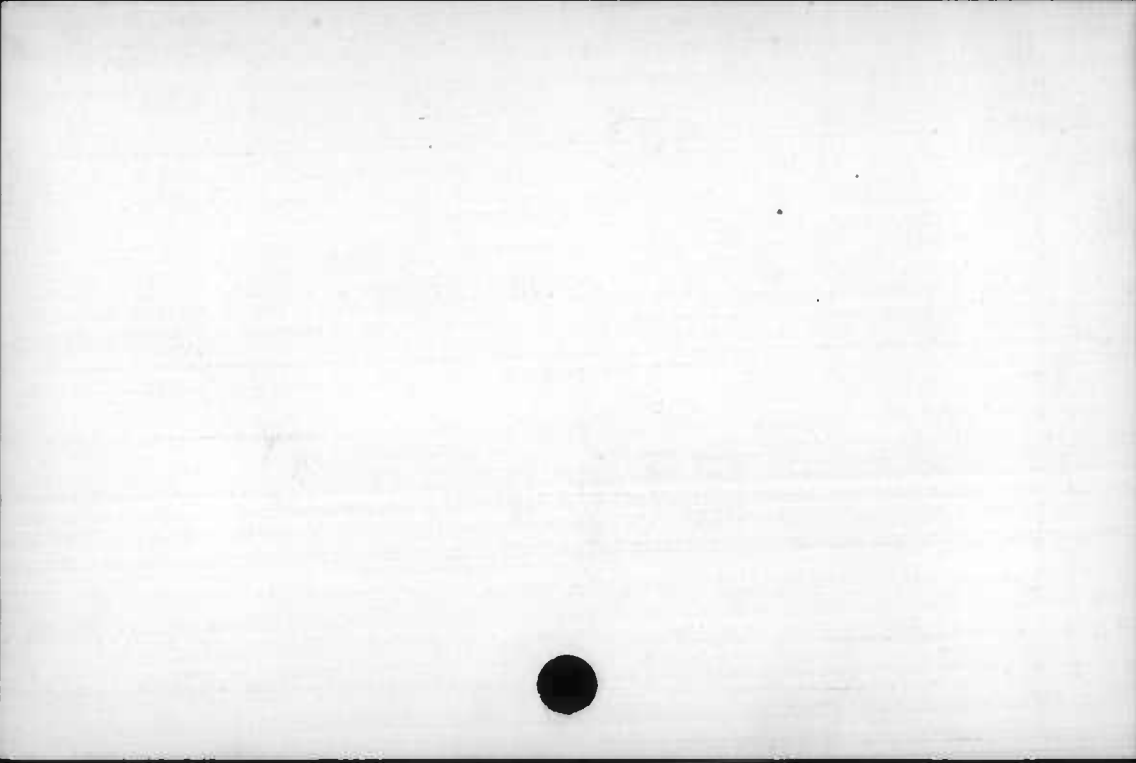
Died at		Town <i>Vienna</i>		County <i>Sorchester</i>		MARYLAND	
Date of death	1909	Month <i>Mar</i>	Day <i>20</i>	Age <i>66</i>	Years	Months <i>-</i>	Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Md</i>				
Occupation <i>Home work</i>			Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Israel Stanley</i>					
Father's Name <i>Moses Blake</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Rebecca Waseford</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>John Blake</i>		How related to deceased <i>Nephew</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Mitral Regurgitation</i>	How long <i>about year</i>
Immediate	<i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>D. H. Blunt</i>
		Address <i>Vienna Md.</i>
Accident or Suicide?		



Name
in
Full

Susan A. Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Cambridge</u>		Town		<u>Dorchester</u>		County		MARYLAND			
Date of death <u>1909</u>		Month <u>Mar</u>		Day <u>2</u>		Years		Months <u>—</u>		Days <u>—</u>	
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birthplace <u>Maryland</u>							
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>Cambridge</u>									
Married, Single or Widowed <u>Widow</u>		Name of Wife or Husband <u>Edward Stewart</u>									
Father's Name <u>Henry Waters</u>		Father's Birthplace <u>Maryland</u>									
Mother's Maiden Name <u>I do not know</u>		Mother's Birthplace <u>Maryland</u>									
Name of person giving Information <u>Julia Hekerman</u>		How related to deceased <u>Daughter</u>									

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>ten days</u>
Immediate	<u>Cardiac Failure</u>	How long	<u>several hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Lester P. Reynolds M.D.</u>	
		Address <u>Cambridge Md</u>	
Accident or Suicide			



Name
in
Full

Baby Thompson

CERTIFICATE OF DEATH

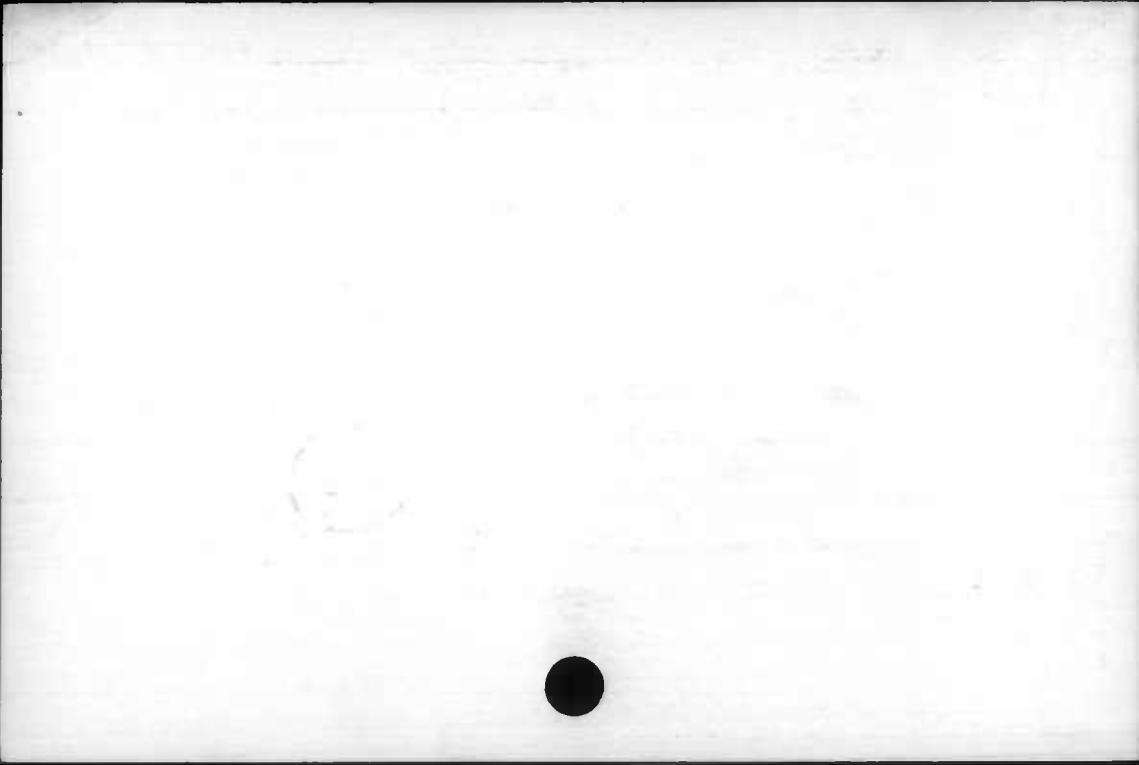
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>E. N. market</i>		Town <i>Dorchester</i>		County		MARYLAND	
Date of death	1909	Month	3	Day	26	Age	-
Sex	<i>Female</i>		Color or Race	<i>Black</i>		Birth-place	<i>E. N. market</i>
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	<i>Raymond Thompson</i>				Father's Birthplace	<i>E. N. market</i>	
Mother's Maiden Name	<i>Fellie E. Dafney</i>				Mother's Birthplace	<i>Vienna</i>	
Name of person giving Information	<i>Henrietta Dafney</i>				How related to deceased	<i>Grand-Mother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary			How long		
Immediate	<i>Still Born</i>		How long		
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		Signature of Physician	<i>H. F. Nichols MD</i>	
			Address	<i>E. N. market</i>	
Accident or Suicide				<i>Ind.</i>	



Name

in
FullUnknown Colored Man |thought to be Frank
Tucker|

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at **Fishing Creek** Town **Dorchester** County **MARYLAND**

Date of death **1909** Month **March** Day **14th** Years **Do not know** Months **Do not know** Days

Sex **Male** Color or Race **Colored** Birth-place **Do not know**

Occupation **Sailor |cook|** Where Residing if not at place of death **Do not know**

Married, Single or Widowed **Do not know** Name of Wife or Husband **Donot know**

Father's Name ----- Father's Birth-place -----

Mother's Maiden Name ----- Mother's Birth-place -----

Name of person giving information **None Given** How related to deceased

CAUSES OF DEATH

172

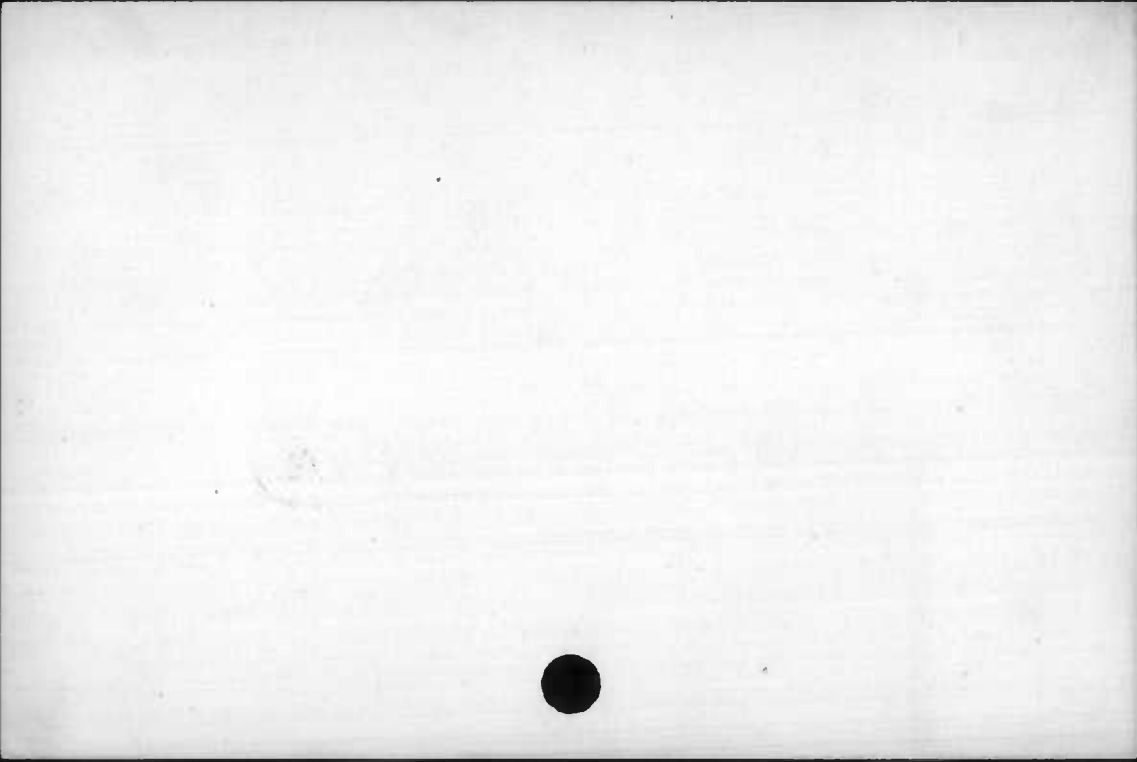
PHYSICIAN
OR CORONER

Primary **Do not know. Very probably drowned. Disappeared on the night of Feb. 7th. 1909 from his boat which was at anchor in Back Creek, Hoopers Island, Md.** How long

Are the name, age, sex, color, date and place correctly given above? ----- Signature of Physician *Wm. H. North Jr.*

Address *Fishing Creek Md.*

Accident or Suicide? **Do not know**



Name
in
Full

CERTIFICATE OF DEATH

Sarah Turpin

Town

County

MARYLAND

Died at

Cambridge

Dorchester

Date

of death

1909

Month

Mar

Day

20

Years

31

Age

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

Dorchester Co

Occupation

House servant

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Samuel Turpin

Father's
Name

Charles Turby

Father's
Birthplace

Dorchester Co

Mother's
Maiden Name

Amanda Ballard

Mother's
Birthplace

Dorchester Co

Name of person giving
In formation

Steve Rideout

How related
to deceased

Sister

CAUSES OF DEATH

129

Primary

Myomatous Tumor in Pelvic Cavity

How long

Several mos.

Immediate

Anemia and Cardiac Failure

How long

Several weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dexter B. Reynolds MD

Address

Cambridge, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mable Waters

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

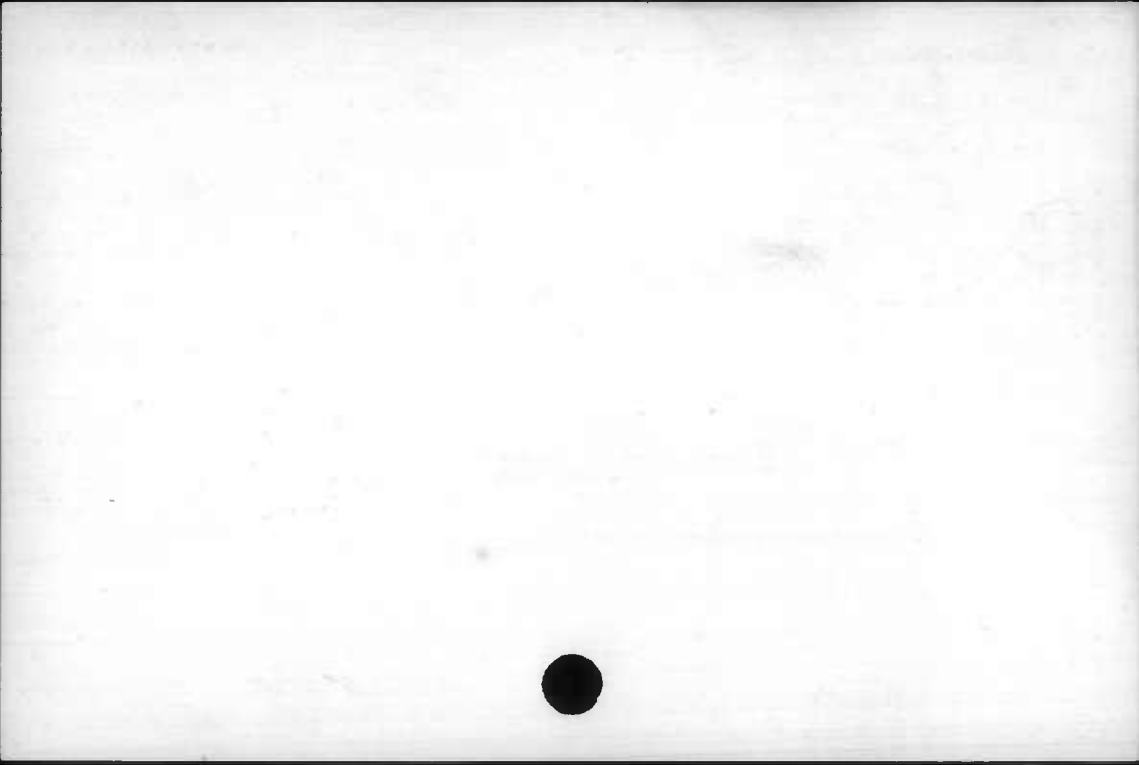
Died at		Town Cambridge		County Dorchester Co		State Md MARYLAND	
Date of death		1909	Month March	Day 10	Age	Years 2	Months —
Sex		Female		Color or Race		Black	
Occupation		Child		Birth- place		Cambridge	
Married, Single or Widowed		Single		Where Reiding if not at place of death		Cambridge	
Father's Name		Thorn Waters		Father's Birthplace		Cambridge	
Mother's Maiden Name		Mary Holland		Mother's Birthplace		"	
Name of person giving Information		Mary Holland		How related to deceased		Mother	

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	Pneumonia - Bronch.	How long	Several weeks
Immediate	Exhaustion	How long can't say as long saw it once.	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		E. E. Wolff	
		Address Cambridge, Ind.	
Accident or Suicide			



Name
in
Full

Mary E. Willey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Cambridge ^{County} Dorchester Co MARYLAND

Date of death 190 ^{Month} 9 ^{Day} March ^{Years} 2 Age ^{Months} 63 ^{Days} 16

Sex Female Color or Race White Birth-place Laksville

Occupation House Keeper Where Residing if not at place of death Cambridge

Married, Single or Widowed Married Name of Wife or Husband Mariah Killings

Father's Name William Adams Father's Birthplace Laksville

Mother's Maiden Name Mary E. Adams Mother's Birthplace Laksville

Name of person giving Information Addie Willey How related to deceased daughter

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary ~~Consumption~~ ^{Exhaustion} How long Year or more

Immediate Exhaustion How long gradual

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician John *[Signature]*

Address Cambridge

Accident or Suicide *no*

Our Mother

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

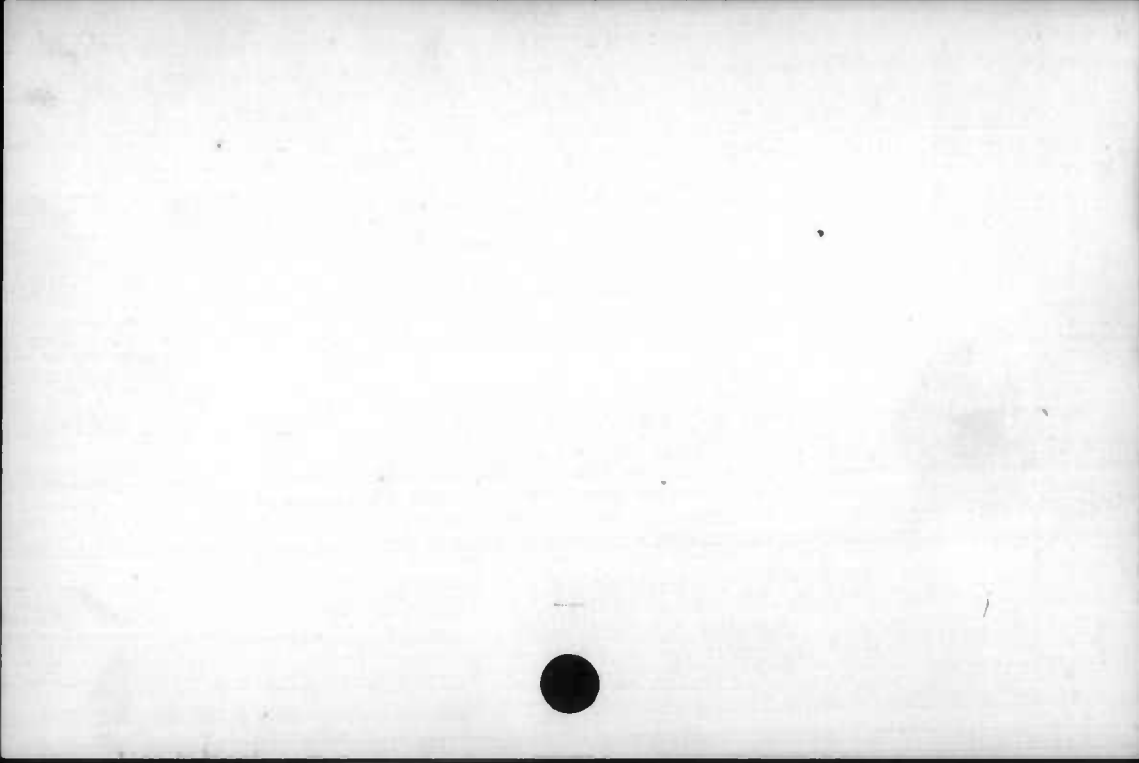
Name in Full <i>Margaret R Windsor</i>		Town <i>Haverock</i>		County <i>Dor</i>		MARYLAND	
Died at <i>Haverock</i>		Date of death 190 <i>9</i>		Month <i>3</i>		Day <i>19</i>	
Age <i>59</i>		Years <i>59</i>		Months <i>✓</i>		Days <i>✓</i>	
Sex <i>female</i>		Color or Race <i>White</i>		Birth-place <i>Balto. Md</i>			
Married Single or Widowed <i>Widow</i>		Occupation <i>nurse</i>					
Name of Wife or Husband <i>Jos A Windsor</i>							
Father's Name <i>Unknown</i>				Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Unknown</i>				Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Jessie W Windsor</i>				How related to deceased <i>none</i>			

CAUSES OF DEATH

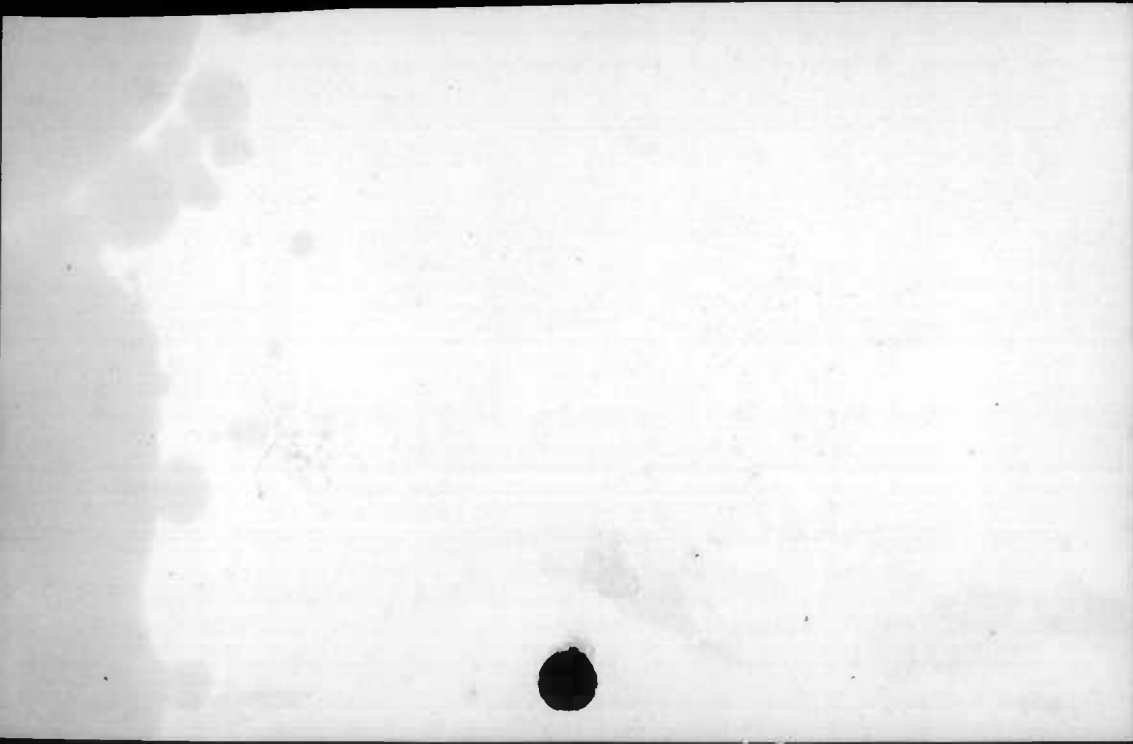
93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>1 day</i>
Immediate <i>the same</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. Rogers Myers</i>
	Address <i>Haverock Md</i>
Accident or Suicide?	



Name in Full		Mary Woolford.		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Alms House	County Orchester.	MARYLAND	
	Date of death	Month 1909. Mar.	Day 25 th	Years Age 33.	Months Days
	Sex	Female	Color or Race colored.	Birth-place	Draughtbridge.
	Occupation	Nothing (Idiot).		Where Residing if not at place of death	
	Married, Single or Widowed	Single	Name of Wife or Husband		
	Father's Name	Samuel Woolford.	Father's Birthplace	Salem.	
	Mother's Maiden Name	Emma Stedley	Mother's Birthplace	Draughtbridge	
Name of person giving information	Lottie Pinder.		How related to deceased	Sec Cousin.	
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	Sa Grippe		How long	3 wks.
	Immediate	Heart failure -		How long	—
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		D H Bland.	
		Address		Vincennes Ind.	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>East New Market</i> ^{Town}		<i>Dorchester</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month	<i>Mar</i>	Day	<i>3</i>
Age		<i>17</i>	Years	Months	<i>9</i>
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birth-place	<i>East New Market</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death <i>East New Market</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband _____			
Father's Name	<i>Clement H. Young</i>			Father's Birthplace	<i>East New Market</i>
Mother's Maiden Name	<i>Hannah Johnson</i>			Mother's Birthplace	<i>Cabini Creek</i>
Name of person giving information	<i>John W. Young</i>			How related to deceased	<i>Cousin</i>

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	<i>Injury: falling of tree</i>	How long	_____
Immediate	<i>Blood vessel ruptured in abdomen</i>	How long	<i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E. C. Fleming MD</i>
		Address	<i>Dorchester MD</i>
Accident or Suicide?	<i>Accident</i>		

